NYC HEALTH+ HOSPITALS

50 Water Street ▪ New York, NY ▪ 10004

BOARD OF DIRECTORS MEETING
THURSDAY, NOVEMBER 19, 2026
A•G•E•N•D•A•

CALL TO ORDER – 1:30 PM	Mr. Pagán
1. **Executive Session | Facility Governing Body Report** **Medical Staff Credentialing Initial Appointments, Reappointments and Changes of Privileges** ➢ November 2026 **Facility Governing Body Report** ➢ NYC Health + Hospitals l Bellevue **Semi-Annual Governing Body Report (Written Submission Only)** ➢ NYC Health + Hospitals | Jacobi & North Central Bronx ➢ NYC Health + Hospitals | Woodhull	Mr. Pagán
2. **OPEN PUBLIC SESSION - 3:00 PM**	
3. **Adoption of the Board Meeting Minutes – October 29, 2026**	Mr. Pagán
4. **Chair's Report**	Mr. Pagán
5. **President's Report**	Mr. Pagán
ACTION ITEMS	
6. Authorizing the New York City Health and Hospitals Corporation (the "System**") to execute contracts with the twenty (20) vendors listed in the attached hereto Exhibit A for RFP 2845 - IT Supplemental Staffing services** at a not to exceed amount of $384,000,000 which includes a 15% contingency of $50,000,000, for a contract term of three (3) years and two (2) one-year renewal options exercisable at the discretion of the System; and to permit the System to add and/or remove additional vendors to the pool should the need arise, which need may include but is not limited to non-responsiveness from any of the twenty (20) awarded vendors, under the same committee and evaluation criteria. (Presented to the Medical and Professional Affair / Informational Technology Committee: 11/02/2026) **Vendex: 12- Approved; 8-Pending / EEO: 4-Approve; 16-Pending**	Dr. Calamia
7. Authorizing the New York City Health and Hospitals Corporation (the "System") **to authorize a best interest contract renewal for its existing contract with EAC Network ("EAC") for services in connection with the System's Community Reentry Assistance Network ("CRAN**") at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years. (Presented to the Medical and Professional Affair / Informational Technology Committee: 11/02/2026) **Vendex: Approved/ EEO: Pending**	Dr. Calamia
8. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a Master Energy Agreement (MEA) Task Order with the **New York Power Authority ("NYPA") for an amount not-to-exceed $36,499,598, inclusive of a 10% construction contingency of $2,651,059, to perform a comprehensive Heating Ventilation and Air Conditioning (HVAC) system upgrade at NYC Health + Hospitals/Bellevue**, for a duration of 36 months. (Presented to the Capital Committee: 11/02/2026) **Vendex: NA / EEO: NA**	Mr. Pagán

9. Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute a contract with Sweet Group of New York, LLC (the "Contractor"), to undertake the Woodhull OTxHU Main Construction Project at NYC Health + Hospitals/Woodhull**, for a contract amount of $205,358,022, with a 30% project contingency of $61,607,406.60, for a total authorization of $266,965,428.60, for a duration of 22 months. (Presented to the Capital Committee: 11/02/2026) **Vendex: Approved / EEO: Approved**	Mr. Pagán
COMMITTEE REPORTS	
➢ Medical and Professional Affairs/Informational Technology Committee ➢ Capital Committee ➢ Community Relations Committee	Dr. Calamia Mr. Pagán Ms. Adams Rowe
>>**Old Business**<< >>**New Business**<< >>**Adjournment**<<	Mr. Pagán

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held in room 1701 at 50 Water Street, New York, New York 10004 on the **29th day of October, 2026** at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Corporate Secretary. The following Board of Directors participated in person:

Dr. José A. Pagán
Dr. Mitchell Katz
Freda Wang
Dr. Helen Arteaga
Dr. Vincent Calamia
Dr. Alister Martin – Left at 3:20p.m.
Dr. Andrea Howard – Joined at 3:28p.m.
Erin Dalton – Joined at 2:27p.m.; Left at 3:20p.m.
Karen St. Hilaire – Joined at 3:28p.m.
Anita Kawatra
Dr. Michael Espiritu
Dr. Patricia Marthone
Vanessa Rodriguez
Tricia Taitt – Left at 4:09p.m.
Joel Eisdorfer – Left at 3:30p.m.

José Pagán, Chair of the Board, called the meeting to order at 2:02 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

EXECUTIVE SESSION

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information regarding patient medical information relating to a particular patient, matters relating to proposed or actual litigation, and the medical, financial or credit history of a particular person or corporation.

OPEN SESSION

The Board reconvened in public session at 3:28 p.m.

Mr. Pagán noted for the record, Karen St. Hilaire is representing Erin Dalton, and Dr. Andrea Howard is representing Dr. Alister Martin – both in a

voting capacity.

ACTION ITEM 3 – ADOPTION OF THE MINUTES

The minutes of the Board of Directors meeting held on September 24, 2026 were presented to the Board. Then, on motion duly made and seconded, the Board unanimously adopted the minutes.

> **RESOLVED**, that the minutes of the **Board of Directors Meeting held on September 24, 2026** copies of which have been presented to the Board be, and hereby are, adopted.

ITEM 4 - CHAIR'S REPORT

GOVERNING BODY

Mr. Pagán advised that during the Executive Session, the Board received and approved NYC Health + Hospitals Medical Staff Credentialing Initial Appointments, Reappointments, and Changes of Privileges for the month of October 2026.

The Board received and approved the governing body oral and written reports from NYC Health + Hospitals/Elmhurst and NYC Health + Hospitals/Harlem.

The Board received and approved the semi-annual written governing body report for NYC Health + Hospitals/Kings County.

The Board also received and approved the 2025 performance improvement and evaluation plan - written submission from NYC Health + Hospital/ Sydenham, Gotham Center.

VENDEX APPROVALS

Mr. Pagán noted there are three items on the agenda requiring Vendex approval, two of which have received that approval. There are nine items from previous Board meetings pending Vendex approval.

The Board will be notified as outstanding Vendex approvals are received.

BOARD ACKNOWLEDGEMENT

Mr. Pagán thanked Dr. Marthone for attending the NYC Health + Hospitals/ South Brooklyn Health Magnet credentialing survey. Dr. Marthone shared brief highlights from the visit and commended the staff and Nursing for their exceptional preparation, professionalism, and leadership during the Magnet survey.

RECUSAL

Mr. Pagán recused himself from the presentation and discussion of Action item 10 and turned the meeting over to Vice Chair Freda Wang.

ACTION ITEM 10:

Ms. Wang read the resolution

> Authorizing New York City Health and Hospitals Corporation (the "System") **to renew a five-year revocable license agreement with New York University ("NYU") for its use and occupancy of 31,005 square feet of office space and 10,346 square feet of laboratory space in the C&D, H, and Administration Buildings at NYC Health + Hospitals/Bellevue ("Bellevue")** for administrative offices and in connection with its research programs at $58.00/sf for office space and $64.00/sf for laboratory space to be escalated annually by 2.5% with an additional $3.25/sf for utilities for a total approximate fee of $13,604,804 over the five year term. (Presented to the Capital Committee: 10/13/2026)

Erfan Karim, Chief Operating Officer of NYC Health + Hospitals/ Bellevue, presented an overview of the longstanding partnership between Bellevue and NYU Grossman School of Medicine, dating back to 1898. Mr. Karim explained that the proposed five-year license agreement would allow NYU to occupy a reduced footprint of approximately 41,351 square feet, consisting of administrative office and laboratory space, to better align with Bellevue's patient care and operational priorities. The agreement, effective retroactively as of September 1, 2026, establishes occupancy fees of $58 per square foot for administrative space and $64 per square foot for laboratory space, plus $3.25 per square foot for utilities, with a 2.5% annual escalation in base occupancy fees.

There being no questions, upon motion duly made and seconded, the Board unanimously approved the resolution.

Mr. Pagán re-joined the meeting and assumed the Chairing the of meeting.

RECUSAL

Dr. Calamia recused from the presentation and discussion of Action item 6.

ACTION ITEM 6:

Dr. Katz read the resolution

> Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlusHealth" or "the Plan") to execute a contract with **OptumInsight, Inc. ("Optum") to provide Risk Adjustment services** for a term of three

years with two 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed $30,000,000, which includes a 20% contingency, for the total 5-year term.
(Presented to the MetroPlus Board: 09/27/2026)

Nick Huober, Senior Director of Risk Adjustment at MetroPlusHealth, explained that risk adjustment services are essential to ensuring accurate reimbursement from New York State and CMS by capturing and reporting members' medical conditions. The scope of work includes risk adjustment analytics across multiple lines of business, identification of gaps in documented diagnoses, financial impact reporting, and medical record retrieval and coding services. He noted that these services have generated an average return on investment of approximately 11 times the annual expenditure through increased risk adjustment revenue. Mr. Huober further noted that Optum, the incumbent vendor, was selected through a competitive procurement process based on its comprehensive capabilities, data security practices, and demonstrated performance. A full MWBE waiver was granted due to the specialized and proprietary nature of the services.

In response to Board members' questions, Mr. Huober clarified that Optum has provided risk adjustment services since 2021, initially under Change Healthcare before its acquisition by Optum in 2022. He explained that the return on investment is measured by identifying diagnosis codes requiring additions or corrections and calculating their financial impact through applicable risk adjustment models. These services generate approximately $48 million annually in additional payments from New York State and CMS that would otherwise not be captured.

Addressing questions regarding the continued need for these services, Mr. Huober noted that MetroPlusHealth has implemented provider education initiatives and electronic medical record alerts in partnership with NYC Health + Hospitals to improve coding accuracy. However, he emphasized that medical record reviews remain essential to capturing accurate diagnoses and maximizing appropriate reimbursement. He further noted that improved coding practices and medical record retrieval have contributed to increased returns over time, with similar or better results anticipated under the new contract.

After discussion, upon motion duly made and seconded, the Board unanimously approved the resolution.

Dr. Calamia re-joined the meeting.

ACTION ITEM 7:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System")

to sign **a three-year lease, with two one-year options to renew in its sole discretion, with Corona Hotel Realty, LLC ("Landlord") for the use of the entire Corona Hotel including its 58 rooms and all common areas located at 112-23 Roosevelt Ave., Corona (the "Hotel") for the System's Bridge to Home program** at a cost of $155 per room per night for the first three years, and at $160 per night for the renewal years, for a total rental cost of $16,627,440, with a 1.5% contingency of $250,000 for potential additional expenses for a total not to exceed amount of $16,877,440. (Presented to the Capital Committee: 10/13/2026)

Dr. Theodore Long, Senior Vice President and Chief Medical Officer, Ambulatory Care & Population Health, was joined by Chris Keeley, Senior Assistant Vice President, Critical Response Unit. Dr. Long and Mr. Keeley provided an overview of the Bridge to Home program, developed in partnership with the Department of Homeless Services (DHS), to address the cycle of hospitalization and homelessness among individuals with serious mental illness. The program provides transitional housing with intensive on-site behavioral health services, medication management, meals, and housing assistance to support patients transitioning from inpatient care to permanent supportive housing. Eligible participants voluntarily enroll in the program, with an anticipated length of stay of six to twelve months. Mr. Keeley highlighted the program's early success, noting that more than 80% of participants attend weekly clinical visits and 65% receive long-acting injectable medications. To date, 20 participants have transitioned into permanent supportive housing, with an average stay of approximately seven months. The proposed third location in Corona, Queens, affiliated with Queens Hospital, is expected to open in early 2027, increasing the program's overall capacity to approximately 150 beds.

In response to Board members' questions, Mr. Keeley confirmed that all 20 participants who transitioned to permanent supportive housing remain stably housed and continue to receive appropriate follow-up care.

Dr. Katz commented on the ongoing collaboration with DHS to explore additional models of care tailored to individuals with varying levels of behavioral health and housing needs.

Following questions, Mr. Keeley confirmed that security personnel are on-site 24 hours a day, with at least two guards assigned during nights and weekends. Security staff are trained in de-escalation techniques to effectively respond to patients with behavioral health needs.

Dr. Long clarified that all NYC Health + Hospitals facilities can refer patients to Bridge to Home, with the first site having received referrals from all 11 hospitals Acute Care sites and Correctional Health Services.

Mr. Keeley and Dr. Long also addressed growing demand, noting that the existing program has a waitlist and that the additional site will help expand

access across NYC Health + Hospitals.

Dr. Katz emphasized the importance of sustained treatment, a stable living environment, and individualized support in achieving successful outcomes.

After discussion, upon motion duly made and seconded, the Board unanimously approved the resolution.

ACTION ITEM 8:

Mr. Pagán read the resolution

> Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with **Prismatic Development Corporation (the "Contractor"), to undertake the OTxHU Early Works Elevator Tower and Sallyport Construction Project at NYC Health + Hospitals/Woodhull**, for a contract amount of $52,913,000, with a 13% project contingency of $6,925,563, for a total authorization of $59,838,563.
> (Presented to the Capital Committee: 10/13/2026)

Tim O'Leary, Assistant Vice President of Correctional Health Services provided an overview of the Outposted Therapeutic Housing Unit (OTxHU) project at NYC Health + Hospitals/Woodhull, which will provide 144 secure therapeutic beds operated by Correctional Health Services (CHS), with custody management provided by the Department of Correction (DOC). The proposed project includes construction of a new elevator tower, two elevators, a secure vehicular sally port, and structural reinforcement of the cooling towers to ensure secure patient access to the ninth and tenth floors. Manuel Saez, Senior Vice President of Office of Facilities Development, provided an overview of the procurement process. Construction is expected to begin in January 2027 and conclude in June 2028, with a total project budget of $59.8 million, including contingency. Mr. Saez noted that funding has been approved by the Office of Management and Budget (OMB), with MWBE participation of 37.68%.

There being no questions, upon motion duly made and seconded, the Board unanimously approved the resolution.

ACTION ITEM 9:

Mr. Pagán read the resolution

> Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute a contract with AWL Industries, Inc. (the "Contractor"), to undertake the Comprehensive Energy Upgrade Project at NYC Health + Hospitals/North Central Bronx**, with a contract amount of $56,041,640, with a 12.5% project contingency of $7,005,205, for a total authorization of $63,046,845.

(Presented to the Capital Committee: 10/13/2026)

Mr. Saez provided an overview of NYC Health + Hospitals' energy efficiency initiatives, highlighting planned and ongoing projects across all 11 acute care hospitals. He noted that the proposed upgrades at North Central Bronx Hospital are expected to reduce energy consumption and carbon emissions, generating approximately $1 million in annual savings.

Hiba Hadeed, Director, Office of Facilities Development, outlined the project scope, including upgrades to air handling, heating, lighting, and elevator systems. She reviewed the procurement process and noted that construction is expected to begin in March 2027 and conclude in September 2030. The total project budget is approximately $63 million, including a 12.5% contingency. AWL Industries committed to 31% MWBE participation and received an excellent performance rating. Funding has been allocated, with final approval pending.

There being no questions, upon motion duly made and seconded, the Board unanimously approved the resolution.

ITEM 5 - PRESIDENT'S REPORT – FULL WRITTEN SUBMISSION INCLUDED IN THE MATERIALS

METROPLUSHEALTH ACHIEVES MAJOR QUALITY MILESTONES ACROSS ITS PORTFOLIO

Dr. Katz commended MetroPlusHealth for its significant improvement in performance ratings over the past nine years, highlighting its consistently high ratings and four-star performance.

LICENSE AGREEMENT

Dr. Katz provided a real estate update.

On July 16,2026 a license was executed with Tasty Picks Corp. to establish an eatery at NYC Health + Hospitals/North Central Bronx. The term is for five years with annual fee of $76,512.09 for a total of fee of $406,213.08. The size of the space is 1,956 square feet and the effort complements the System's patient services.

CONTRACT DEVIATION

Dr. Katz also reported a contract deviation:

The deviation is from Operating Procedure 100-05 for an urgent steam station renovation at the Food Services Building/Culinary Center at **NYC Health + Hospitals/Kings County.**

1. The Culinary Center is the only centralized food production site for the entire NYC Health + Hospitals system and makes about 17,000 meals a day. The Pressure Reducing Valve (PRV) station that supports the facility is failing badly. It must be repaired before the winter heating season to prevent food service disruptions across the System and to keep working conditions safe. We used a limited competitive solicitation to avoid a procurement process that would have taken months. The selected vendor possesses the requisite skill and knowledge to fix the building's steam system, which will significantly reduce execution risk and downtime. The contract term is 180 days, and the deviation amount is $266,694.00.

COMMITTEE REPORTS

Mr. Pagán noted that the Committee meeting reports were included in the e-materials for review and are being submitted into the record. Mr. Pagán welcomed questions or comments regarding the reports.

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 4:33 p.m.

Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

AUDIT COMMITTEE MEETING – OCTOBER 13, 2026
As Reported by: Ms. Freda Wang
Committee Members: Dr. Patricia Marthone representing Anita Kawatra until they arrived, **Mr.** Jose Pagán, Ms. Tricia Taitt representing Vanessa Rodriguez until they arrived and Theodore Long representing Dr. Mitchell Katz – joined at 10:20; Anita Kawatra joined at 10:32; Vanessa Rodriguez joined at 10:20

The meeting was called to order by Ms. Freda Wang, Committee Chair at 10:16am.

For the record, in accordance with the **By-Laws - Section 14.** Committee Attendance. If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting:

Ms. Wang noted that that Dr. Patricia Marthone is representing Anita Kawatra and Tricia Taitt is representing Vanessa Rodriquez – to be counted towards vote and quorum until they arrive.

Ms. Wang requested a motion to adopt the minutes of the Audit Committee meeting held on June 8, 2026. A motion was made and duly seconded with all in favor to adopt the minutes.

Ms. Wang proposed a motion to convene an executive session to discuss confidential and privileged matters that may be related to anticipated or actual litigation, as well as certain personnel matters. A motion was made and seconded with all in favor.

The Committee reconvened in open session at 10:40am.

Ms. Wang noted that, during the executive session, the Committee reviewed and approved the Fiscal Year 2026 financial statements.

Ms. Wang then introduced Ms. Maria Tiso of KPMG to present the Fiscal Year 2026 audit report.

KPMG Update

Ms. Maria Tiso introduced herself and the audit team. The team comprises of the following; Mr. Ryan Santonacita, Managing Director and Ms. Yimiao Chen, Senior Manager. Ms. Tiso reviewed the status and results of the audit for the fiscal

year ending June 30, 2026, along with the required communications to the Committee.

Ms. Tiso discussed KPMG audit approach and stress the continued investment in technology and artificial intelligence. She emphasized that the audit remains guided by the team's professional judgment and healthcare experience across both provider and payer operations. She spoke about human oversight, judgment, and direction remain central as the use of AI tools expands.

Ms. Tiso then discussed transaction scoring, which allows KPMG to analyze an entire population of transactions and focus testing on higher risk areas. She noted that MetroPlus claims expenses were added to transaction scoring this year, in addition to the HHC operating expense testing performed in the prior year.

Mr. Santonacita stated that transaction scoring for MetroPlus allowed the audit team to reduce its sample size while increasing coverage. He explained that the full population was analyzed, improving both audit efficiency and coverage.

Ms. Tiso reviewed the audit deliverables and stated that KPMG expected to issue an unmodified opinion on the financial statements. The Auditor's report would include an emphasis of matter paragraph regarding the adoption of GASB Statement No. 103, which changed the presentation of the financial statements but did not affect the audit opinion. She noted that other deliverables, consistent with prior years, included regulatory cost reports and reports for HHC ACO, MetroPlus Health Plan, and the HHC Insurance companies which are expected later in the year and early the following year.

Ms. Tiso then turned the presentation over to Mr. Santonacita to discuss the audit results and required communications.

Mr. Santonacita stated that no corrected or uncorrected audit misstatements were identified and that non-GAAP policies and practices were immaterial to the financial statements as a whole. He noted that no potential noncompliance with laws or regulations, significant audit difficulties, or disagreements with management were brought to KPMG attention. He also noted that to KPMG knowledge, management had not consulted with other accountants.

Mr. Santonacita noted that significant accounting policies and practices were described in Note 1. He discussed the adoption of GASB Statement No. 103, Financial Reporting Model Improvements, and GASB Statement No. 104, Disclosure of Certain Capital Assets. The impact of GASB 104 was minimal, while GASB 103 primarily affected financial statement presentation. There were no significant changes to the Fiscal Year 2026 audit plan.

Mr. Santonacita also noted that the potential Maimonides affiliation and related asset transfer were disclosed in Note 1A. The transaction remained subject to approvals and was anticipated to close in 2027. KPMG consulted with its Department of Professional Practice regarding GASB 103. No actual or suspected fraud affecting the financial information was identified, and KPMG was not aware of any relationships, other than those identified in the engagement letter, that would jeopardize its independence.

Mr. Santonacita reviewed the remaining audit steps, based on the status as of October 9. The financial statements were reviewed by the second review partner. He noted that minor audit documentation items were expected to be completed that week. The remaining procedures included obtaining legal inquiry information regarding subsequent events, inspecting the most recently available meeting minutes, and obtaining the signed management representation letter. He then turned the presentation over to Ms. Chen.

Ms. Chen discussed the adoption of GASB 103 for the current year and its retroactive application to the prior year. She explained that the emphasis-of-matter paragraph addressed its application to both periods. Under the new presentation, only exchange transactions are reported as operating revenue. The City appropriations and grant revenue are presented separately as non-capital subsidies. She also reviewed the non-operating section and the new section for unusual or infrequent items, which included expenses related to the Maimonides transaction.

Mr. Guzman noted that H+H operating loss appeared as approximately $500 million before GASB 103 and $2.4 billion after the presentation change. He emphasized that the change did not represent a decline in the health System's performance and stated that he would discuss the financial results and comparisons with the restated prior-year figures later in the meeting.

Ms. Tiso explained that the revised presentation was intended to help readers distinguish operating revenues and expenses from City subsidies and understand how those subsidies affect the organization's net position.

Ms. Wang observed that the operating loss looked significantly different when viewed on its own, although the net deficit position remained essentially the same. She acknowledged the intent to distinguish service revenue from other revenue but questioned whether the presentation fully reflected the nature of the organization's business.

Ms. Tiso responded that the financial statements must follow GASB standards. She noted that the overall result remained the same, with the components presented differently to identify operating revenue more clearly.

Ms. Wang asked whether there were any questions.

Ms. Chen then reviewed the procedures performed on significant accounting estimates. For patient accounts receivable, KPMG used current year cash receipts to assess the prior year valuation and historical cash collections to develop an independent estimate for the current year. Based on those procedures, KPMG considered the valuation reasonable in relation to the financial statements as a whole.

Ms. Chen reviewed the pension obligations under GASB 68 and other post-employment benefits under GASB 75. KPMG's actuarial specialists reviewed the methods and assumptions used by management and the City's actuaries, while the engagement team tested the census data used in the estimates. KPMG considered both estimates reasonable.

Ms. Chen also discussed third-party receivables related to the Disproportionate Share Hospital Maximization (DSH Max) program. Management used the same

calculation methodology as in the prior year. DSH Max revenue decreased as a result of compensation received through the Average Commercial Rate (ACR) State Directed Payment Program. The methodology for calculating uncompensated losses remained consistent. KPMG also used a specialist subcontractor to evaluate the methods and assumptions used in the estimate.

Ms. Chen reviewed MetroPlus Health Plan's estimate for incurred but not reported (IBNR)claims. KPMG used a health claims actuarial specialist to develop independent estimates for both the prior year review and the current year liability. She noted favorable development in the prior year reserve related to significant claims reprocessing that affected the completion factor used in the estimate. The favorable development reflected a change in accounting estimates. As of June 30, 2026, management's estimate was within KPMG independent range and was considered reasonable in relation to the financial statements as a whole.

Ms. Chen encouraged committee members to review the required inquiries and raise any matters for discussion. Ms. Tiso asked members to bring any relevant issues to her attention before the financial statements were issued. She noted that KPMG had held discussions with senior management and counsel and that no additional matters had come to its attention. This concluded KPMG presentation.

Ms. Wang asked whether Committee members had any questions or comments. She thanked KPMG and stated that she looked forward to receiving the final report. She then introduced Mr. David Guzman, Corporate Comptroller, to present the Fiscal Year 2026 draft financial statements.

Fiscal Year 2026 Financial Statements

Mr. Guzman started off the presentation by thanking his team and KPMG. He noted that the financial statements included the statement of net position, the statement of revenues, expenses and changes in net position, the statement of cash flows, and the accompanying notes. He focused on the consolidated income statement and the health System's overall financial performance for Fiscal Year 2026.

Mr. Guzman explained that GASB 103 created separate sections for non-capital subsidies and unusual or infrequent items. Tax levy and grant revenue previously reported as operating revenue were moved to non-capital subsidies. As a result, reported operating revenue was approximately $1.8 billion lower than it would have been under the previous presentation. He emphasized that this presentation change did not itself reflect a decline in financial performance.

Mr. Guzman reported consolidated operating revenue of $13.5 billion, operating expenses of $15.6 billion, and a reported operating loss of approximately $2.2 billion. Under the previous presentation, the operating loss would have been approximately $309 million on a consolidated basis, or $500 million for H+H alone. After non-capital subsidies, capital contributions, non-operating revenues and expenses, and merger related expenses, the decrease in net position was $8.2 million, with a positive ending net position of $87.5 million.

Mr. Guzman reviewed the principal revenue trends compared with the prior year, adjusted for GASB 103. Operating revenue increased by $985 million to $13.5 billion. Net patient service revenue, including supplemental revenue, was $6.9 billion, a decrease of $157 million, and included recognition of $1.3 billion in prior year ACR revenue. Premium revenue increased by $1.4 billion to $6.4 billion, primarily due to State Directed Payments received by Metro Plus through the ACR program. Other revenue increased by $13 million to $177 million, largely due to dividend payments from Healthfirst.

Mr. Guzman stated that operating expenses increased by $85 million to $15.6 billion. Personal services expenses increased by $285 million to $4.8 billion due to collective bargaining and additional full-time equivalent employees. Other than personal services expenses decreased by $832 million to $6.1 billion, reflecting reductions in HERRC and temporary expenses. Fringe benefits increased by $144 million to $1.3 billion due to higher health benefit costs and staffing levels.

Mr. Guzman noted that pension expenses increased by $268 million to $568 million, based on the City actuary's report, largely due to the amortization of prior-year gains and losses. Other post-employment benefits decreased by $19.7 million to $93.6 million due to a change in the discount rate. Affiliate expenses remained essentially unchanged at $1.95 billion. Depreciation increased by $35 million to $646 million due to the opening of the new correctional health floor at Bellevue Hospital and increases in software leases.

Mr. Guzman reviewed the new non-capital subsidies section. City appropriations were $1.65 billion, a decrease of $678 million, primarily due to the wind down of the HERRC program. Grant revenue decreased by $96 million to $310 million, also affected by the conclusion of certain State and Federal HERRC grants. Income before unusual or infrequent items was $27 million. Approximately $35 million in health system merger expenses were reported separately, resulting in the $8.2 million decrease in net position. He then invited questions.

Ms. Wang asked where the shift from DSH to ACR revenue appeared in the financial statements.

Mr. Guzman responded that approximately $2.2 billion in prior-period and current-period ACR revenue was included in net patient service revenue. He noted that DSH revenue was also included in that line.

Ms. Wang asked how that compared with 2025, when ACR revenue was not included.

Mr. Guzman responded that DSH revenue was included in net patient service revenue.

Ms. Wang noted that the prior year amount of $8.3 billion in net patient service revenue was higher than the current year amount.

Mr. Guzman explained that recognizing ACR revenue had an offsetting effect on DSH revenue, which was reflected in the Fiscal Year 2026 figures.

Ms. Wang asked whether operating performance had improved from year to year.

Mr. Guzman responded that any loss would have been reflected in the financial statements and discussed factors affecting the results, including higher pension expenses and a $204 million debt service payment to the City. He also noted that revenue was expected to cover the Maimonides expenses, but that revenue had not yet been reflected, while the expenses were already included.

Ms. Taitt asked whether the absence of City debt service in 2025 was related to the change in presentation.

Mr. Guzman responded that a new section had been created for those amounts, but no repayment was required in the prior year. The current year included a $204 million payment, partially offset by approximately $119 million in revenue related to interest paid by the City on the Corporation's behalf. The line therefore reflected a net amount of approximately $85 million.

Ms. Wang proposed a motion to accept the Fiscal Year 2026 financial statements as presented. All were in favor, and the motion was approved.

Internal Audit Update

Mr. O'Keefe provided an update on the external audits in progress. He reported that the City Comptroller's Office audit of the RightSourcing contract remained ongoing. The Internal Revenue Service (IRS)audit related to Form 941 reporting was also in progress.

Mr. O'Keefe then provided an update on the Fiscal Year 2026 Audit Plan, noting the following:

1. Completed Audits: 5
2. Audits in Progress: 1
3. Audits Not Started: 0

Mr. O'Keefe also reviewed the Fiscal Year 2027 Audit Plan, which included five audits, and noted the following:

1. Completed Audits: 0
2. Audits in Progress: 3
3. Audits Not Started: 2

Mr. O'Keefe noted that this concluded his presentation.
Ms. Wang asked whether there were any questions before turning the meeting over to Ms. Catherine Patsos.

Corporate Compliance Update

Ms. Catherine Patsos, Chief Compliance Officer, provided an update on current compliance activities.

Ms. Patsos stated that the Office of Corporate Compliance continued to work with Coalfire on the HIPAA Risk Analysis. The enterprise site visits were completed during the week of July 13, 2026, and the enterprise risk workbook and report were in development. The acute facility workbooks had been reviewed and the compliance workbooks are being developed. The interviews for school-based behavioral health clinics were conducted during the week of September 21, 2026 and the diagnostic and treatment center compliance and risk workbooks were also in development.

Ms. Patsos also noted that for the Supply Chain Risk Management piece, Coalfire will conduct and provide three integrated deliverables; Vendor Criticality Matrix, a Supply Chain Risk Management Tabletop Exercise, and Standard Operating Procedure Refinement and Operational Support. The project was expected to begin in October 2026 with the tabletop exercise, with the remaining work continuing into early 2027.

Ms. Patsos then reviewed the Office of Corporate Compliance activities circulated to the Committee. She stated that the fifth annual Compliance Survey launched on June 16, 2026, and received 6,277 workforce responses, an increase of more than 247% over the highest response rate since 2022. The survey allowed respondents to remain anonymous or identify themselves to enter a drawing for an iPad. Forty-three percent chose to remain anonymous.

Ms. Patsos reported overall improvement in workforce members bringing concerns to the Office of Corporate Compliance, knowing how to contact the Office and their Compliance Officer, and feeling comfortable speaking up about compliance concerns. She also noted that workforce members continued to favor electronic communications and compliance alerts, as well as posters and job aids. Non-managerial workforce members accounted for 67% of respondents.

Ms. Patsos provided an update on Corporate Compliance and Ethics Week, scheduled for November 2 through 6, 2026, with the theme "A Caravan of Compliance – Stronger Together". Activities would include information tables at each facility, games, prizes, quizzes, and puzzles. Four webinars were planned: Get to Know the Compliance Team, Navigating HIPAA, Gifts, Favors, and Hidden Conflicts, and Spot the Issues.

Ms. Patsos explained that prize drawing eligibility required either a perfect score on all three puzzles or attendance at a webinar, along with completion of the annual compliance training.

Ms. Wang noted that the Corporate Compliance and Ethics Week activities appeared to be helping increase participation. She acknowledged the progress while noting that further improvement was needed.

Ms. Patsos revised and issue new operating procedures.

1. HIPAA Privacy and Security procedures had been updated.
2. An update to OP 50-1, Corporate Compliance and Ethics Program.
3. OP 20-79, concerning the prohibition on photography and recording throughout the system.

Ms. Patsos discussed new features in Compliance and HIPAA training, including "Did You Know" highlights, additional videos, and games. An in-person HIPAA and Compliance training for the Board of Directors was scheduled for October 29, 2026.

Ms. Patsos then reviewed compliance metrics, including the volume and types of privacy and non-privacy reports and trends in reporting. The compliance cases represented the largest volume, while privacy reports had decreased. Patient care and patient rights reports often concerned how patients were treated rather than the level of care received. Reports of misconduct or inappropriate

behavior frequently involved minor concerns referred to Human Resources or management.

Ms. Wang asked whether any investigated matters had risen to a level that the Committee should be aware of.

Ms. Patsos responded that none had. She explained that many reports were referred to the appropriate departments, including Human Resources, Labor Relations and Patient Relations. The Office investigated a relatively small portion of the total reports received.

Ms. Wang asked about the apparent increase in billing and coding issues and falsification of records.

Ms. Patsos responded that many billing and coding concerns involved patients receiving explanations of benefits (EOBs) for services they had not received. These could also raise HIPAA concerns when an EOB contained another person's information. Reports involving falsification of records were primarily related to time records.

Ms. Wang asked whether the billing and coding reports suggested a reporting trend that required further review.

Ms. Patsos responded that the concerns involved patient complaints about EOBs and were referred to Patient Accounting. She noted that the issue could involve Health Information Management or Experian, which provides insurance matching services. Insufficient patient identifiers had sometimes resulted in incorrect insurance matches. Work was underway to correct the issue and use additional identifiers when obtaining and assigning insurance coverage.

Ms. Taitt asked whether the Office could investigate the reasons for Bellevue's reporting levels.

Ms. Patsos responded that Bellevue had historically had the highest volume over the preceding three years. Reports came from several sources, including patients registered under another person's medical record because insufficient identifiers were checked. Other reports came from the patient privacy monitoring tool, which flags potentially inappropriate access to medical records by workforce members. Examples included access to coworkers' records and employees accessing their own records, which she described as a policy violation rather than a HIPAA breach.

Ms. Taitt stated that Bellevue's status as an outlier warranted further review and should not be left unexplored.

Ms. Patsos responded that she would look into the matter.

Dr. Long noted that Bellevue was the largest facility, with approximately 16,000 employees, and suggested considering reporting volume in relation to staffing. He also observed that Gotham Health's reports had fallen from a higher level to nearly none and asked whether any positive practices might explain the change.

Ms. Patsos responded that she was not aware of a specific explanation. She noted that Gotham Health had some concerns in other areas that were not included in the investigative reports, but reporting activity had been limited.

Dr. Long stated that South Brooklyn should be listed with Coney Island in the reporting.

Ms. Patsos acknowledged that the facility name needed to be updated in the reporting tool. She then reviewed a comparison of intake methods for the first and second quarters of calendar years 2024, 2025, and 2026. Reports were increasingly received by email, while the helpline remained a significant reporting channel. A web portal was also planned to provide another way to report concerns anonymously.

Ms. Patsos noted that anonymous reporting had increased over the first six months of each year during the past two years. Although the reason for the increase was unclear, she stated that reporters appeared to trust the process. This concluded her presentation.

Ms. Wang asked whether there was any old or new business. No old or new business was raised.

No, new or old business

Meeting adjourned at 11:20am

Finance Committee Meeting – October 13, 2026
As Reported By: Freda Wang
Committee Members Present: Freda Wang, José Pagán, Patricia Marthone, Vanessa Rodriguez, Dr. Theodore Long (representing Dr. Mitchell Katz in a voting capacity), Tricia Taitt

NYC Health + Hospitals Employees in Attendance:
John Ulberg, Linda DeHart, David Guzman, Marji Karlin, Michline Farag, Tasha Philogene, James Cassidy, Megan Meagher, Dr. Sewit Teckie, Colicia Hercules

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 11:30 a.m.
Ms. Wang noted for the record that Dr. Theodore Long is representing Dr. Mitchell Katz in a voting capacity.
Ms. Wang called for a motion to approve the July 13, 2026 minutes and the September 8, 2026 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on July 13, 2026 and September 8, 2026 were adopted.

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-2026 Year-End Highlights. He conveyed that June closed with $821.7 million (26 days cash-on-hand). The budget overperformed by 0.1% and closed June with a positive Net Budget Variance of $22.1M.

NYC Health + Hospitals (H+H) met its savings target for the City's Chief Savings Officer (CSO) savings exercise in the FY-26 Executive Budget. In addition, H+H repaid the City for FY-26 debt service costs completing a part of the Executive Budget's initiative whereby H+H repays the City for debt service costs in FY-26 through FY-27 offset by savings over FY-26 through FY-30 from pension re-amortization.

Mr. Ulberg continued that direct patient care receipts increased by $160M compared to the same period in FY-25. Our Inpatient (IP) discharges are 1.0% lower than the same time last year, while our Outpatient (OP) visits are up by 2.3% for the same period. After adjusting for the IP discharge volume decline, we are still up by approximately $267M in inpatient care revenue as patients we serve in our inpatient settings show higher acuity (higher CMI by 3.9%), and outpatient revenue is approximately $93M higher due to higher volume and rates. Improvements are ongoing as we continue to implement our revenue cycle best practice initiatives, negotiate better contracts and focus on additional strategic initiatives. The year-to-year revenue improvement in patient care revenue is offset by -$200M due to UPL Conversion payments posted in June 2025, and FY-25 secondary/residual billing payments related to CHC delays.

Our strategic financial initiatives earned an estimated $434M against the $472M financial plan target, with cash timing contributing to the variance. Work continues on initiatives that are below target to close remaining gaps. Several areas of strong June YTD performance were noted. Ms. Philogene presented the financial performance highlights for FY-26 thru June Net Budget Variance. She noted that June ended with a Net Budget Variance of $22.1M (+0.1%). Overall, net receipts were -$16.7M driven by IP/OP, partially offset by prior-year appeals and settlements, pharmacies, grants, Intracity and City Tax Levy, and risk revenue. Year-End disbursements were below budget by $38.8M, driven by affiliate staff vacancies, offset by overspend in H+H direct staffing; as we continue to work on establishing new staffing models, and additional spend on medical surgical supplies, which includes prior year payments.

Ms. Philogene provided the FY-26 thru June performance drivers updates. Overall cash receipts closed the year on target (-$16.7M; 0% variance). Cash disbursements were better than budget by $38.8M primarily due to vacancies and hires in progress.

The revenue performance for FY-26 thru June was presented by Ms. Philogene. FY-26 direct patient care revenue (IP and OP) is $160M higher than FY-25 actuals. Compared to the same time last year, discharges are down 1.0%, visits are up 2.3%, and Case Mix Index (CMI) is higher by 3.9%. The revenue increase year-over-year is attributed to improved average rates and other performance improvements resulting from revenue cycle and managed care efforts, as well as other strategic initiatives.

Risk Pool met FY-26 budget target and slightly exceeded FY-25 value due to prior-year payments received in FY-26.

Ms. Wang polled the Committee for questions.

Ms. Wang commended the team for all the work done on the staffing models and keeping track of that. She noted that the magnitude is remarkable and thanked the team for continuing to refine it with the results reflecting in the performance.

Mr. Cassidy continued presenting the cash projections for FY-27. The System is estimated to close September with approximately $1.0 billion (32 days cash-on-hand) and expects to close October with approximately $1.1 billion (34 days cash-on-hand). We continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position.

Mr. Ulberg presented the external risks. Several areas of focus include Essential Plan changes presenting a low risk to H+H, and Medicaid work requirements and other Medicaid enrollment barriers starting in Jan. 2027 which continue to present a financial challenge. Further, the Average Commercial Rate (ACR) State Directed Payment (SDP) benchmark presenting an opportunity to H+H.

An overview of the FY-27 Budget Planning Strategy was presented by Ms. Farag. H+H continues to raise the bar on revenue and strategic opportunities to meet our commitment to our patients and staff. One of the major themes include raising the bar in managed care and revenue cycle targets.

Dr. Theodore Long continued presenting the FY-27 improvements in Ambulatory Care OP Growth. Compared to prior years, OP visits are up by 2.3%, gained 70K new patients for primary care bringing us to have more patients in primary care today than any time in the history of H+H.

Several areas of focus contributing to these improvements include provider template optimization and standardization, new patient access innovation, E-consult relaunch, primary care staffing model under development, improved VBP dollars capture such as PCP alignment and care gap closures, and improved billing for clinic-administered medications. Ms. Wang commented that Dr. Long started in the right order, access, quality first, and then cleaning up the paperwork.

Ms. Rodriguez asked if same day visits are available for new patients if they want to be seen sooner than in ten days.

Dr. Long answered that this is something we are still optimizing, but we do not have new visits for the same day. It has been considered and we could try that out more but when choosing ten days we have found that to

be the magic number as when we increase the days or decrease the days, the no-show rate goes up. In our analysis, ten days has the lowest no-show rate. Our no-show rate was also much higher when we were scheduling new patients months and months out. For same day access, we can review further for new patients but we would need to review more cautiously than for revisits. We have some number of slots that we have been exploring using, for instance same day, two days, three days, where they are frozen them and make them available that number of days ahead of time. We are continuing to analyze and even have our team complete many RCTs or randomized control trials for those little changes like that we make to ensure that we are using the evidence from our own system to drive what we do.

Mr. Pagán inquired on patients that cannot find an appointment asking if we refer them to a different clinic within the System.

Dr. Long responded that this is something they started tackling with NYC Care. One of the problems that we wanted to solve was people felt like they were having to fight their way into our System. Part of the driver for this was that for instance if you live across the street from Lincoln Hospital and you called the contact center, they would ask for where you lived and you would only be offered an appointment at Lincoln Hospital. While Dr. Long noted that they were finding the closest location we broadened it to offer everybody two appointments, based on geography and timeliness. For instance, if you live across the street from Lincoln Hospital, we would offer you that appointment, but it is going to be in four weeks, or you could be seen in one week if you are willing to go to Belvis, which is less than a mile from Lincoln Hospital. We offer these options to all NYC Care patients. We measure that in the first two years of NYC Care, patients received an appointment within 14 days approximately 97% of the time. That really changed people's mentality as they were given the option to decide what was more important - to be seen more quickly or closer to where they live.

Dr. Teckie continued presenting the FY-27 business plans and new cross-facility partnerships. Several major areas of focus include enterprise radiology, which is the Systems in-house tele radiology services to provide night and weekend coverage for Emergency Department (ED) and IP radiology reads, an innovative model that started about two years ago and has been successful. With radiology reads volume continuing to increase, this creates expansion opportunity into other facilities. Other major areas of focus include Behavioral Health (BH) IP model and sustainability and expanded focus on partial hospital and outpatient BH models, with continued work on BH models to ensure care of this population, and lastly, completing BH Centers of Excellence Year 4 submission while considering future expansion opportunities for BH Centers of Excellence.

Ms. Wang asked how many Centers of Excellence H+H currently has. Dr. Teckie responded that it is not necessarily about locations but more of the concept of a grant or funding that was received through the State's mechanisms and a number of providers throughout the City participate. It is a way to think about delivering BH care differently, so both IP and OP, outreach into the community, other ways of developing behavioral health care, and one of the things we are looking at for this coming year is thinking about BH delivery in the maternity population for perinatal care, and substance use population. It is thinking about these different ways to do it and expand, but we provide BH services everywhere throughout H+H, not that they are called Centers of Excellence necessarily.

Ms. Wang acknowledged understanding that we are referring to the name of the program. Ms. Wang asked regarding the business plans and on budget planning, is the concept that in developing the FY-27 budget these initiatives are helping H+H with revenue generation.

Dr. Teckie agreed, and added this also includes patient access and care. Ms. Wang inquired on enterprise radiology, that is across facilities and it was added that we are trying to expand it across more facilities. Dr. Teckie agreed and added that it is actually at eight of the eleven facilities and we are trying to expand it to at least two more this year. The eleventh facility is Bellevue which is currently covered by our partnership with the NYU Affiliates, so that may not be part of the enterprise. We are trying to get to all other facilities.

Ms. Wang inquired if the hope is that we established this with radiology and maybe there are other practices that we can replicate the model in. Dr. Teckie stated that we have done it with a few others that we discussed in other settings. Tele-stroke being one of them and providing remote stroke care overnight and on the weekends to EDs and inpatient settings and that has run well and that one has expanded over the last fiscal year. The thought is how do we think about services that can be delivered using telehealth or tele services.

Dr. Teckie continued presenting FY-27 Physician workforce plan budgeting and recruitment investments. Several areas of focus include strengthening recruitment and retention efforts and focus on hard-to-fill specialties, collaborating with RCS to enhance RVU reporting, developing sustainable staffing models and standardization across all facilities, and continuing locums' reductions and progress towards achieving long-term workforce stabilization.

Ms. Philogene continued the FY-27 budget planning strategy presentation. Additional areas of focus include managing increasing demand by length of stay reduction investments, overtime management, infrastructure investments, temp agency management, and optimizing economies of scale

in supply chain. Lastly, risk mitigation strategies for Essential Plan changes and HR.

Ms. Karlin presented an overview of Revenue Cycle best practice results beat FY-26 target. Revenue Cycle had identified $200 million in improvements for all hospitals achieving eight metrics of our internal best practice measures. The largest areas of opportunity include improvements in AR days and Net collection rate. These two metrics accounted for about two-thirds of the overall $200 million. In the FY-26 budget, we included $54 million of the $200 million opportunity and achieved approximately double the target. In FY-26 achieved $106 million versus the $54 million target. Revenue Cycle has increased the FY-27 target from $198 million to $260 million (inclusive of the $100 million already achieved). Revenue Cycle has increased the FY-27 targets to new internal best practice targets for insurance net collection rate, adjusted Accounts Receivable (AR) days, and Primary Care Provider (PCP) alignment.

Ms. Meagher provided an update on PCP Alignment initiative. Beginning in June 2025 Central Office began tracking a new revenue cycle best practice initiative measuring "PCP Alignment." The calculation to achieve this best practice is by quantifying the percentage of MetroPlus and Healthfirst patients coming to the site for primary care visits who are attributed by the insurance plan to the risk pool of the facility where they seek primary care. The patients we are actively treating are recorded as members in our VBP risk pools; e.g. if a Healthfirst member is risk attributed to Mount Sinai but regularly coming to Metropolitan for primary care, the benefit of our care management work goes to the Mount Sinai bottom line – not our own. It requires coordination between front-line Ambulatory Care, Managed Care, and Financial Counseling staff to be "value based focused" and vigilant in leveraging Epic to check and update PCP status with MetroPlus and Healthfirst. Our goal is 95% alignment; meaning that 95% of MetroPlus and Healthfirst patients with visits at an H+H primary care clinic are listed by the insurance plan with a PCP at that facility.

Ms. Wang inquired on PCP alignment, asking if the doctor financial counselor sees the information.

Ms. Meagher responded that we have tried to create visibility within Epic, our EMR, to try to overcommunicate that information so that anyone who is engaging with the patient can see that. There is a storyboard in Epic that will identify that there is a PCP primary care doctor or which facility the person is attributed to. It is hard to keep track of thousands of doctors so ideally when the patient is scheduling an appointment, that should be visible to the person at the contact center who is trying to book the appointment and can flag it when they come in and register their appointment, that should also be visible. It should also be visible to the doctor at the point of care. We are trying to

inundate folks so that we really are trying to not let someone leave before at least having that conversation. Ultimately, as Dr. Long mentioned, it is the choice of the patient and we are trying to optimize what are the most efficient ways to be able to make these changes, so partnering with MetroPlus they have created an electronic portal that if we are there with the patient, they can consent in making that change and we can do it it is a pretty seamlessly. In other instances, it might require a follow-up phone call to confirm with the patient that it is their intent to change their PCP as it is very important from a financial accounting perspective since the health plan needs to know this is the PCP that they are attributing to as it drives a that risk surplus.

Mr. Pagán asked about the process the first time a patient enrolls or re-enrolls.

Ms. Meagher responded that the first time they enroll, members are asked to select a PCP. In many cases, they may not select a PCP, in which case the plan will utilize their auto assignment algorithm. It may look up your zip code and the closest doctor who has an open panel, but it is rather fluid. Ms. Meagher added that there is no period you need to remain with this PCP. If you decide to actually change the PCP to someone at H+H you can do that and it takes approximately 15-20 days so we measure it on a monthly increment, so you may have to wait a little bit but unlike Medicare where you would have to wait a year to try to change your plan so the process is pretty seamless.

Dr. Marthone wondered that for instance Dr. Long tells his patient that he sees that their PCP is assigned to Mount Sinai (or another system) and we have MetroPlus outside the door, why do they not go and speak with them and they may be able to help update if they would like to have one of our providers.

Ms. Meagher agreed and added that this is another mechanism. We have staff that are insurance company staff with MetroPlus and Healthfirst who are in the lobbies, who can help people with their insurance questions and can provide that function. We also have administrative staff in the managed care team or financial counseling who can and have the tools that they know where to go to try to push the right button and make the alignment happen.

Dr. Marthone asked on whether we are allowed to send an email or follow up via text message, if a patient does not stay to speak with someone in-person in the event there is a wait.

Ms. Meagher responded that we have discussed trying to leverage MyChart within Epic, which is the patient facing portal to send out reminders. For instance, your PCP is not actually the PCP that you are seeing. Here is a link that you could click on to try to effectuate that change.

There are many different ways to try to do this and so we need to try all of them works.

Dr. Marthone asked if there is an opportunity to leverage AI to recognize that you have seen this PCP and then shows your name, and sort of makes a suggestion.

Ms. Meagher added that it is a very good suggestion from an analysis perspective as we want to see how misaligned we are and what is the opportunity.

An overview of PCP Alignment – Hospitals was presented by Ms. Meagher. After about one year of effort, the Systems overall PCP alignment has increased by 13 percentage points, from 78% aligned to 91% aligned. Our top performers are Elmhurst and Queens, and the most improved facilities are Metropolitan, Bellevue, Harlem and Kings County. NYC Health + Hospitals estimate approximately $15 million of additional premium revenue achieved by aligning these patients to our risk pool. Lastly, PCP Panel Alignment is being added as an ambulatory care metric for QAPI.

Ms. Meagher continued by presenting PCP Alignment – Gotham. Progress across the 30 Gotham sites has been steadily improving, with 4% improvement since July 2025, 83% to 87%. All Gotham satellite sites appropriately captured as of February 2026. Lastly, all newly launched dashboard is helping us trac performance.

Ms. Wang polled the Committee for questions.

Mr. Pagán asked on the $15 million estimate, if it is for the 13% increase percentage point increase or for the whole program.

Ms. Meagher responded that it was for the percentage increase, which is not necessarily to say that is all money that we received, but it is money that is going into the risk pools that are being used to pay claims so this is the scale of opportunity. It is assigned to H+H as opposed to all other hospitals.

There being no further questions, Ms. Wang thanked the committee for their questions and commended the team for all the great work being done and the continuing themes.

ADJOURNMENT

There being no further business to bring before this committee, the meeting adjourned at 12:17 p.m.

Capital Committee Meeting – October 13, 2026
As reported by: José Pagán
Committee Members Present: Theodore Long, MD, Freda Wang, Karen St. Hilaire, Patricia Marthone, Grace Bonilla, Tricia Taitt and Vanessa Rodriguez

José Pagán called the meeting to order at 12:25 p.m. and stated for the record that Theodore Long, MD, would be representing Mitchel Katz, MD, and Karen St. Hilaire would be representing Erin Dalton, both in a voting capacity.

Mr. Pagán called for a motion to approve the minutes of the September 8, 2026, Capital Committee meeting.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on September 8, 2026, were unanimously approved.

VICE PRESIDENT REPORT

Mr. Saez provided an update on infrastructure project accomplishments:

NYC H+H/South Brooklyn Health recently started construction on their new Dental Suite. The dental program has over 10,000 visits per year. This service has a residency program for ten residents. The service is currently located in temporary space after being relocated from the Ida G Clinic. This project will consolidate the services into one new Dental Suite (~ 4,000 SF) located on the 5th Floor of the Main Building. The suite will have 9 dental exam rooms while also integrating Oral Surgery capabilities into the new suite. The consolidation of the dental services will provide patients with efficient access to more comprehensive care.

Woodhull Emergency Tie-in and Boiler Refurbishment project is underway. The first full 24-hour steam plant shutdown is scheduled for Saturday, September 26th, to replace and install valves at the main headers. The new connections will allow for a temporary high-pressure steam boiler to be connected through the heating season and allow for redundancy in the system while the project refurbishes the building's original boilers. The project is expected to be completed Summer 2027.

ACTION ITEMS

Dr. Ted Long read the resolution into the record:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a three year lease, with two one-year options to renew in its sole discretion, with Corona Hotel Realty, LLC ("Landlord") for the use of the entire Corona Hotel including its 58 rooms and all common

areas located at 112-23 Roosevelt Ave., Corona (the "Hotel") for the System's Bridge to Home program at a cost of $155 per room per night for the first three years, and at $160 per night for the renewal years, for a total rental cost of $16,627,440, with a 1.5% contingency of $250,000 for potential additional expenses for a total not to exceed amount of $16,877,440.

Dr. Ted Long provided background information, overview of the program model, patients journey and eligibility, staffing model, and lease terms. Dr. Long was joined by Chris Keeley, Senior Assistant Vice President, Critical Response Unit.

- Tricia Taitt asked, how do you reconcile all the wonderful things you're sharing with us with the 1st bullet point that says ensuring that patients can complete the supportive housing process after the hospitalization is a major challenge?
  - Mr. Keeley explained that is what the program is working to do, address the challenges. Part of the challenge is when you traditionally discharge a patient from a facility to a shelter the supportive services are not readily available. In the Bridge to Home sites, they are.
- Vanessa Rodriguez asked, are patients that have left monitored for continued progress.
  - Mr. Keeley said yes, we work to maintain contact and status.
- Ms. Wang asked, what happens with the other individuals that hadn't moved out. Were they still at Bridge to Home or did they leave?
  - Mr. Keeley said some of them have left but some have left on their own, a very small number have perhaps violated a code of conduct, and others have been placed into permanent housing.
- Grace Bonilla, Esq., asked if Medicaid covered the costs.
  - Mr. Kelley said overall funding is City tax levy funding, but we do seek reimbursement for the clinical care. There are the clinical expenses of the team working on site for that article 31 behavioral health clinic.
- Ms. Taitt asked about the people on the waiting list.
  - Mr. Keeley explained that DHS would be the primary resource or pathway.
- Ms. Taitt then asked if the goal was to ease the burden on DHS.
  - Mr. Keeley said that they were a relatively small numbers but the individuals were high need.

After discussion, upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Mr. Saez read the resolution into the record:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Prismatic Development Corporation (the "Contractor"), to undertake the OTxHU Early Works

Elevator Tower and Sallyport Construction Project at NYC Health + Hospitals/Woodhull, for a contract amount of $52,913,000, with a 13% project contingency of $6,925,563, to bring the total cost not to exceed $59,838,563, and an anticipated duration of 18 months.

Mr. Saez provided background information, overview of the scope of the project, summary of contract specifics and procurement, and budget. Mr. Saez was joined by Mahendranath Indar, Assistant Vice President, Office of Facilities Development, and Tim O'Leary, Senior Assistant Vice President, Correctional Health Services.

- Ms. Taitt asked for a list of contracts at the various facilities to provide context behind the presentations. She noted that various elevator related projects had been presented but there are a number of sites that likely need elevator work and she'd like to better understand of work being awarded throughout the system.
  - Mr. Pagán said he would discuss with Mr. Saez.

After discussion, upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Mr. Pagán recused himself from the meeting.

Leora Jontef read the resolution into the record:

Authorizing New York City Health and Hospitals Corporation (the "System") to renew a five-year revocable license agreement with New York University ("NYU") for its use and occupancy of 31,005 square feet of office space and 10,346 square feet of laboratory space in the C&D, H, and Administration Buildings at NYC Health + Hospitals/Bellevue ("Bellevue") for administrative offices and in connection with its research programs at $58.00/sf for office space and $64.00/sf for laboratory space to be escalated annually by 2.5% with an additional $3.25/sf for utilities for a total approximate fee of $13,604,804 over the five year term.

Ms. Jontef provided background information, overview of the partnership, details of the space allocation, and summary of lease terms. Ms. Jontef was joined by Erfan Karim, Chief Operating Officer, NYC H+H/Bellevue.

Upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Mr. Pagán rejoined the meeting.

Mr. Saez read the resolution into the record:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with AWL Industries, Inc.

(the "Contractor"), to undertake the Comprehensive Energy Upgrade Project at NYC Health + Hospitals/North Central Bronx Hospital, for a contract amount of $56,041,640, with a 12.5% project contingency of $7,005,205, to bring the total cost not to exceed $63,046,845, and an anticipated duration of 42 months.

Mr. Saez provided background information, overview of the scope of the project, summary of contract specifics and procurement, and budget. Mr. Saez was joined by Hiba Hadeed, Director, Office of Facilities Development.

Upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

There being no further business, the Committee Meeting was adjourned at 1:10 p.m.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS – PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
October 29, 2026

NYC HEALTH + HOSPITALS/JACOBI | NORTH CENTRAL BRONX LAUNCHES THE FIRST HOSPITAL-BASED RAPE CRISIS PROGRAM IN THE BRONX

Today, as part of National Domestic Violence Awareness Month, NYC Health + Hospitals/Jacobi | North Central Bronx announced the launch of its Rape Crisis Program, the first hospital-based Rape Crisis Program in the Bronx and one of only two such programs in the Bronx. Located at the North Central Bronx campus, the program will offer free and confidential support to survivors of sexual violence in the Bronx. Services include free individual and group counseling, in-person accompaniment to forensic and medical exams in the emergency department, and information and referrals regarding medical, legal, and prosecutorial systems.

The program currently has eight active volunteer advocates providing support to sexual assault survivors at Jacobi and North Central Bronx, with plans to expand the volunteer pool through the upcoming training. In January, the Rape Crisis Program at North Central Bronx will begin offering a 40-hour training to members of the community who wish to become advocates for sexual assault survivors. The program can train up to 60 advocates per year, and people can sign up for the training online. The new Rape Crisis Program is supported by funding from the New York State Division of Criminal Justice Services.

FOUR NYC HEALTH + HOSPITALS SKILLED NURSING FACILITIES NAMED AMONG NEWSWEEK'S BEST NURSING HOMES IN AMERICA

Four of the health care System's skilled nursing facilities ranked in the Top 10 in New York State in the Newsweek Best Nursing Homes list for 2027. The rankings recognized 1,325 of the nation's top nursing homes out of 14,693 analyzed, placing NYC Health + Hospitals post-acute care facilities in the top 9% at the State and national levels. The rankings are designed to assist patients and their families in making informed decisions about where to receive their long-term and post-acute care. NYC Health + Hospitals' nursing homes have approximately 1,600 beds dedicate to serving those in need of long-term care and short-term rehabilitation. Patients and residents come from all five boroughs, ranging from ages 18 to 113.

With over 600 nursing homes in New York State, the following NYC Health + Hospitals long-term care facilities were recognized among the best nursing homes:

- NYC Health + Hospitals/Gouverneur is ranked 1st in the State
- NYC Health + Hospitals/Sea View is ranked 2nd in the State
- NYC Health + Hospitals/Coler is ranked 6th in the State
- NYC Health + Hospitals/McKinney is ranked 7th in the State

MAYOR MAMDANI OPENS NEW BRIDGE TO HOME FACILITY IN BROOKLYN, EXPANDING PATH FROM HOSPITAL CARE TO PERMANENT HOUSING

Mayor Mamdani and NYC Health + Hospitals announced the opening of a new Bridge to Home facility in Brooklyn, expanding a program that helps New Yorkers living with serious mental illness move from hospital care into stable housing and continued treatment. Bridge to Home program provides a critical bridge for patients who are ready to leave the public hospital system but do not have a stable place to go. Rather than sending New Yorkers from inpatient care to a shelter or the street, the program provides a home-like setting with onsite clinical and behavioral health services, housing application assistance and support throughout the transition to permanent housing.
Bridge to Home: Brooklyn will welcome its first guests this week and at full capacity will provide private rooms for up to 50 New Yorkers. Guests can stay for up to 12 months or until they are connected with permanent supportive housing.

Located near NYC Health + Hospitals/Woodhull, the Brooklyn facility will allow guests to remain connected to a broad range of medical and behavioral health services, including substance use disorder treatment, individual and group therapy, social services and around-the-clock medical support. The first Bridge to Home site opened in Midtown Manhattan in September 2025.

NYC HEALTH + HOSPITALS ADVANCES TO SILVER RECOGNITION IN THE AMERICAN MEDICAL ASSOCIATION'S JOY IN MEDICINE HEALTH SYSTEM RECOGNITION PROGRAM

NYC Health + Hospitals earned the Silver-level Joy in Medicine recognition from the American Medical Association (AMA) for enhancing physician well-being, supporting quality care, and reducing burnout. The AMA's Joy in Medicine program recognizes healthcare organizations that take meaningful steps to improve physician well-being and reduce burnout through organizational initiatives and evidence-based strategies. Advancing to Silver recognition marks continued progress for NYC Health + Hospitals as it strengthens its efforts to support the people who care for New Yorkers across its hospitals, community health centers, and other care settings.

NYC HEALTH + HOSPITALS ENCOURAGES NEW YORKERS TO RECEIVE THEIR ANNUAL FLU AND COVID-19 VACCINATIONS DURING RESPIRATORY VIRUS SEASON

The health care System announced that the 2026-2027 updated influenza and COVID-19 vaccines are now available for patients at its hospitals and Gotham Health facilities across the City. All New Yorkers 6 months of age and older are strongly encouraged to get vaccinated against influenza and COVID-19. These vaccinations, as well as the RSV vaccine for eligible patients, can be administered at the same time and are a safe, effective way to protect yourself, your loved ones, and your community during respiratory virus season.

As a part of this effort, the public health care System launched its annual employee flu vaccination campaign, *Sleeve Up … for someone you care about*, encouraging its more than 46,000 employees and all New Yorkers to get vaccinated to protect not only their own health but also their co-workers, families, and communities.

NYC HEALTH + HOSPITALS EMPLOYEE AND FACILITY RECOGNITIONS

THIRTY-TWO NURSE LEADERS RECOGNIZED FOR ACHIEVING DOCTORAL DISTINCTION

Thirty-two nurses who have attained doctoral-level education were recognized at the health System's fifth annual Nursing Doctoral Circle of Excellence event. The Circle includes nurses who have earned a Doctor of Nursing Practice (DNP), Doctor of Health Administration (DHA), Doctor of Philosophy (PhD), Doctor of Public Health (DrPH), or Doctor of Education (EdD) in nursing. The 32 nurses join 162 other nurses in the health system who have achieved this level of distinction.

The Nursing Doctoral Circle supports and promotes mentoring and networking among nurses across the health System. It also connects nurse researchers with aligned interests so that they can work together across facilities to generate new knowledge and integrate nursing research and evidence-based practices into clinical and operational processes. Only 2.9% of all Resident Nurses in the US have a doctoral degree.

THREE NYC HEALTH + HOSPITALS LEADERS RECOGNIZED AS "POWER WOMEN OF BROOKLYN" FOR 2026

Schneps Media recognized three leaders from NYC Health + Hospitals for its "Power Women of Brooklyn" recognition list for 2026. The honorees are Manjinder Kaur, DNP, FACHE, NEA-BC, Chief Executive Officer of NYC Health + Hospitals/South Brooklyn Health; Sandra Sneed, CEO, MBA, FACHE, Chief Executive Officer, NYC Health + Hospitals/Woodhull; and Dr. Maggie D. Tetrokalashvili, Chairwoman of the Department of Obstetrics and Gynecology, NYC Health + Hospitals/South Brooklyn Health. The recognition honors trailblazing female leaders making an impact in

Brooklyn and improving the lives of New Yorkers throughout the City. Schneps Media is a local media company that reaches over 2 million readers per week across two daily newspapers and a large group of community newspapers, magazines, and websites.

NYC HEALTH + HOSPITALS RECOGNIZED AS A 2026 WELLBEING FIRST CHAMPIONSHIP, SUPPORTING HEALTH CARE WORKER WELLBEING

NYC Health + Hospitals today announced it has been recognized by ALL IN: WellBeing First for Healthcare as a 2026 Wellbeing First Champion. This is the third year in a row that NYC Health + Hospitals has been awarded this special recognition for its leadership in removing invasive mental health questions from physician applications for medical licensure, credentialing, and insurance. Removing intrusive, stigmatizing mental health and substance use questions is an important step in supporting health workers' access to care and treatment. However, ongoing, consistent communication is critical for destigmatizing mental health care and treatment for substance use disorders for health workers and actively addressing their fear of professional repercussions. As a Wellbeing First Champion, all NYC Health + Hospitals credentialing applications have been verified as continuing to be free of any intrusive and stigmatizing language around mental health care and treatment. Verification is confirmed annually by ALL IN: Wellbeing First for Healthcare, a coalition of leading health care organizations that work to eliminate barriers for health workers to access mental health care.

BECKER'S NAMES NYC HEALTH + HOSPITALS LEADERS TO ITS 2026 "RISING STARS: 188 HEALTHCARE LEADERS TO KNOW UNDER 40" LIST

Komal Lodaria, Senior Director of System Care Experience, and Christopher G. Wilson, MSN, RN, Chief Nursing Officer, NYC Health + Hospitals/Bellevue were named to Becker's Hospital Review's "188 healthcare leaders under 40" list for 2026. The recognition honors talented emerging leaders who represent some of the most dynamic, creative and forward-thinking minds working across the healthcare industry today.

NYC HEALTH + HOSPITALS/COLER APPOINTS NEW CHIEF NURSING OFFICER

Verna Mitchell, BSN, RN was appointed the new Chief Nursing Officer at NYC Health + Hospitals/Coler, providing executive leadership and strategic clinical oversight of more than 450 nursing professionals. As Chief Nursing Officer, Mitchell will oversee budget and resources, training and development, regulatory compliance, and resident safety among other administrative responsibilities. Mitchell has served as Deputy Director of Nursing at NYC Health + Hospitals/Coler since 2020, and prior to that served as Associate Director of Nursing when she joined the health System in 2019.

Mitchell is an accomplished nursing executive with over 15 years of progressive leadership experience in skilled nursing facilities and post-acute care with a focus on resident safety, quality improvement, regulatory compliance, training and development, and a person-centered care approach.

TEN LONG-TERM CARE NURSING PROFESSIONALS HONORED BY NYC HEALTH + HOSPITALS WITH THE DISTINGUISHED DAISY AND BEE AWARDS

As part of its 5th Annual Post-Acute Care DAISY and BEE (Being Exceptional Everyday) Awards, NYC Health + Hospitals honored 10 extraordinary nursing professionals from its five skilled nursing facilities. Five registered nurses and licensed practical nurses received the DAISY Award, and five certified nursing assistants received the health care System's BEE Award. Over 110 nominations were submitted by residents, families, and staff who shared compelling stories about their day-to-day experiences with these compassion care professionals. The DAISY Award, sponsored by the DAISY Foundation, is the international leader in nurse recognition. This award recognizes nurses or nurse-led teams who are experts in person-centered care, demonstrate integrity and compassion, working collaboratively with their peers to achieve the best health outcomes for their patients and residents.

NURSE EDUCATOR AT NYC HEALTH + HOSPITALS/GOUVERNEUR RECEIVES AWARD FROM LEADINGAGE NEW YORK

NYC Health + Hospitals/Gouverneur Skilled Nursing Facility Nurse Educator Jasmin Slater Small, RN received the 2026 LeadingAge New York's Employee of Distinction Award, which recognizes the extraordinary dedication of direct service and indirect service staff in post-acute care. Slater Small is one of 16 people to receive the award in New York State, and one of three people to receive the award this year in New York City.

Slater Small pursued nursing education to bring her hands-on experience to train and develop new nurses. She conducts training and ongoing competency assessment to align nursing educational opportunities, operational standards, and educational priorities that develop strong clinical skills so that they provide can safe, high quality care to our residents.

HEALTH CARE SYSTEM AND FACILITY ANNOUNCEMENTS

NEW $22 MILLION WOMEN'S HEALTH CENTER AND EXPANDED MENOPAUSE PRACTICE OPENS AT NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH

NYC Health + Hospitals/South Brooklyn Health announced the opening of its new $22 million Women's Health Center. Supported with $18.5 million

from Brooklyn Borough President Antonio Reynoso, the renovation expands the Center from 22 to 26 exam rooms and from 4 to 6 ultrasound rooms. In addition, 5 newly created spacious multi-purpose rooms allow patients to complete their exam and in-office procedures within the same location, without having to navigate other floors or buildings. The 17,000 square foot space also features a family comfort space and amenities to support the mother's partners and families during appointments. The Center is adjacent to the Labor & Delivery Department and the inpatient postpartum unit, improving continuity of care during and following a patient's labor and delivery.

Additionally, South Brooklyn Health also celebrated its newly renovated and recently opened Menopause Practice, designed to address the needs of peri-menopausal, menopausal, surgical menopausal, and menopausal women with more complex medical histories. The newly renovated Menopause Practice represents a significant milestone in South Brooklyn Health's mission to provide specialized, comprehensive, and compassionate care for women navigating the unique health transitions of midlife, bridging the gap in women's health services. Menopause is a pivotal life stage that affects every aspect of a woman's health, yet it has historically been under-addressed in traditional clinical settings. The Menopause Practice is designed to change that narrative by offering a dedicated space where patients can access evidence-based treatments for hormonal changes, bone health, cardiovascular risk, and emotional well-being.

NEW YORK STATE SENATOR KRISTEN GONZALEZ AND MAJORITY LEADER ANDREA STEWART-COUSINS PRESENTS $5 MILLION TO BELLEVUE HOSPITAL

New York State Senator Kristen Gonzalez and Majority Leader Andrea Stewart-Cousins presented $5 million to Bellevue Hospital's Department of Child and Adolescent Psychiatry, which operates the only 24/7 Children's Comprehensive Psychiatric Emergency Program (CPEP) in New York City. Senator Gonzalez hosted State legislators earlier this year on a tour of Bellevue's psychiatric department to emphasize the need for funding to upgrade and renovate their behavioral health units. This funding will improve and expand behavioral health care for the most vulnerable New Yorkers, including children and adolescents in crisis.

Bellevue Hospital serves as the critical child and adolescent psychiatric safety-net institution for New York City. The investment will expand the hospital's ability to provide inpatient treatment and stabilization for young New Yorkers experiencing serious mental illness at a time of significant demand for psychiatric care. Last year, Bellevue saw nearly 2,000 emergency visits in their pediatric psychiatry unit, and admitted 531 patients to their inpatient care units. A third of those patients were transferred from other hospitals, demonstrating Bellevue's Citywide reach and unique services.

NYC HEALTH + HOSPITALS/GOTHAM HEALTH EXPANDS ACCESS TO COMPREHENSIVE DEVELOPMENTAL-BEHAVIORAL PEDIATRIC CARE

NYC Health + Hospitals/Gotham Health is expanding access to specialized developmental-behavioral pediatric care through a multidisciplinary model at Gotham Health, Morrisania in the Bronx, building on existing services at Gotham Health, St. Nicholas in Harlem. The program brings together medical specialists, therapists, behavioral health professionals and social support services to provide comprehensive, coordinated care for children with developmental delays, autism, learning difficulties and behavioral challenges.

Designed to address the complex needs of children and families, the program offers an integrated approach to developmental care within community-based healthcare settings. By coordinating specialized services and providing individualized support, Gotham Health aims to reduce the burden on parents and caregivers who often must navigate multiple specialists, referrals and appointments on their own.

NYC HEALTH + HOSPITALS/LINCOLN NOW OFFERS PEDIATRIC UROLOGY CARE

NYC Health + Hospitals/Lincoln announced the addition of Pediatric Urology to the medical services it provides. Fellowship-trained and board-certified Pediatric Urologist Lori Dyer, MD, has joined the Department of Urology at Lincoln Hospital, expanding its ability to provide comprehensive pediatric urologic care to children and families throughout the South Bronx and surrounding communities.

Pediatric Urology focuses on diagnosing, treating and managing conditions or disorders in a child's bladder, kidneys, urinary tract, or reproductive organs and continuing care for adolescents and adults with these kinds of conditions or disorders that began in childhood. Some of these conditions can be present at birth or detected prenatally, while others can occur or develop as a child grows. Prior to this subspecialty coming to Lincoln Hospital, young patients in the South Bronx in need of this kind of care had to travel out of the community for treatment.

NYC HEALTH + HOSPITALS/BELLEVUE EARNS EIGHT-YEAR NATIONAL ACCREDITATION FOR PHARMACY RESIDENCY PROGRAM

NYC Health + Hospitals/Bellevue announced that its Postgraduate Year One Pharmacy Residency Program has received an eight-year accreditation from the American Society of Health-System Pharmacists (ASHP), the organization's full accreditation term, extending through 2034. The accreditation follows a comprehensive review of the program's clinical training, educational structure, and adherence to nationally established standards for postgraduate pharmacy education. The achievement reflects Bellevue Hospital's commitment to preparing highly skilled pharmacists to deliver safe, effective, and patient-centered care.

Bellevue Hospital's 52-week Pharmacy Residency Program provides advanced clinical training across a range of specialties, including internal medicine, emergency medicine, critical care, infectious diseases, and ambulatory care. Residents work alongside interdisciplinary care teams, contribute to medication safety and quality improvement initiatives, and participate in research, teaching, and professional development. The program prepares pharmacists to manage complex medication therapies, strengthen patient safety, and pursue advanced clinical practice or specialized postgraduate training. At Bellevue Hospital, residents gain experience caring for one of New York City's most diverse patient populations in a major public academic medical center.

NYC HEALTH + HOSPITALS HOSTS CLINICAL DELEGATION FROM NATIONAL TAIWAN UNIVERSITY HOSPITAL FOR SPECIAL PATHOGENS EDUCATIONAL EXCHANGE

NYC Health + Hospitals completed a recent week-long educational exchange with a seven-member delegation of clinical and administrative leaders from National Taiwan University Hospital (NTUH). Organized by the NYC Health + Hospitals Office of Biopreparedness and Emergency Management, the visit brought the delegation to five of the public health care System's hospitals and Central Office to learn more about the System's coordinated approach to preparing for and responding to high-consequence infectious diseases and other health emergencies. The delegation visited facilities at every level of the National Special Pathogen System. The itinerary included NYC Health + Hospitals/Bellevue, the Level 1 Regional Emerging Special Pathogen Treatment Center for U.S. Department of Health and Human Services Region 2; NYC Health + Hospitals/Harlem and NYC Health + Hospitals/Elmhurst, two of the System's three recently designated Level 2 Special Pathogen Treatment Centers; and NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Metropolitan, Level 4 frontline facilities for special pathogens, and potentially the first point of contact for a patient requiring isolation.

NYC HEALTH + HOSPITALS/WOODHULL MARKS SIMULATION WEEK WITH HOSPITAL-WIDE TRAINING TO ADVANCE PATIENT SAFETY AND CLINICAL READINESS

On September 25, NYC Health + Hospitals/Woodhull celebrated Simulation Week with an interdisciplinary simulation event designed to strengthen clinical readiness, teamwork, communication and patient safety across multiple medical specialties. Held in Woodhull Hospital's Third Floor Auditorium, the event, themed "Simulation Found Me," brought together over 100 over physicians, nurses and allied health professionals from Emergency Medicine, Cardiology, Respiratory Therapy, Obstetrics and Gynecology, Anesthesiology, Medicine, Nursing and Pediatrics. Through hands-on demonstrations, clinical scenarios and team-based learning, participants had the opportunity to practice critical skills in a safe environment before applying them in real-world patient care. The event highlighted how simulation can help teams prepare for complex and high-

risk situations, strengthen interdisciplinary communication, build confidence with emerging technology and improve patient outcomes.

HARLEM HALL OF FAME INDUCTS HENRY J. CARTER, CEO OF WHEELCHAIR CHARITIES AND NAMESAKE OF NYC HEALTH + HOSPITALS/CARTER

NYC Health + Hospitals today celebrated the induction of Wheelchair Charities Inc. CEO and long-time benefactor Henry "Hank" J. Carter into the Harlem Hall of Fame. The event was organized by the Advisory Board of the Joseph P. Kennedy, Jr. Memorial Community Center and hosted by Spectrum News Anchor Cheryl Wills. This year's honorees also included Dance Theatre of Harlem founder and renowned choreographer Arthur Mitchell, recognized posthumously.

Carter has donated nearly $40 million to NYC Health + Hospitals in equipment and programs for patients and residents with disabilities. This includes thousands of manual and motorized wheelchairs, specially equipped buses, pressure sensitivity beds, therapeutic equipment, and more than 1,000 state-of-the-art computers that feature voice recognition, zoom-text, and a pointer device to facilitate use by quadriplegic individuals. The donated equipment are among the most technologically sophisticated available and can be operated by the movement of a patient's eye.

In 2004, the NYC Health + Hospitals Board of Directors voted unanimously to rename Coler-Goldwater's Department of Rehabilitative Medicine the Henry "Hank" Carter Rehabilitation Center. In 2013, the Henry J. Carter Nursing Facility & Specialty Hospital opened — becoming the first time a living person received this honor in the health system's history.

NYC HEALTH + HOSPITALS/ELMHURST AND QUEENS PUBLIC LIBRARY EXPAND PARTNERSHIP TO BRING HEALTH EDUCATION AND LIBRARY RESOURCES TO QUEENS RESIDENTS

NYC Health + Hospitals/Elmhurst and Queens Public Library (QPL) announced an expanded series of collaborative programs designed to connect Queens residents with trusted health information, educational resources, and opportunities to support lifelong learning and wellness. Building on an ongoing partnership between the hospital and library System, the initiatives bring Elmhurst's healthcare professionals and QPL's extensive community network together to make health education and library resources more accessible to residents throughout the borough.

One key aspect of the collaboration is the QPL Baby Card Program at NYC Health + Hospitals/Elmhurst, which gives families delivering babies at the hospital an opportunity to sign up for a Queens Public Library card and begin connecting their children with library resources from the earliest stages of life. To date, the program has offered close to 5,000

Queens Library Card enrollment packets to Elmhurst Hospital patient families.
Elmhurst Hospital and QPL have also collaborated through Reach Out and Read activities, hospital health fairs, community events, and health education presentations featuring members of Elmhurst's clinical team.

In the coming months, the partnership will expand with a new video series featuring Elmhurst pediatricians providing practical information for parents and caregivers about caring for infants and young children. The videos will be shared with audiences throughout the Queens Public Library system.

NYC HEALTH + HOSPITALS RECOGNIZES TWELVE LONG-TERM CARE RESIDENTS CELEBRATING NATIONAL CENTENARIAN DAY

In celebration of National Centenarian Day (observed on September 22), NYC Health + Hospitals honored twelve residents who have reached an incredible life milestone of 100 years or older. There are six centenarians at NYC Health + Hospitals/Gouverneur: Pin Giu Liu (100), Mei Dor Chew (101), Sun L. Lum (102), Ru Liao (102), Yung Lin Chou (104), and Kam Po Ma (104). NYC Health + Hospitals/Sea View honored four centenarians – Grace Klee (100), Marion Henry (100), Luba Fattinger (102), and Josephine Linton (109) – and NYC Health + Hospitals/Coler recognized two centenarians: Maria Gonzalez (101) and Carmen Augustin (112), the oldest long-term care resident across the health system's five skilled nursing facilities, and among the City's oldest living New Yorkers.

NYC HEALTH + HOSPITALS/BELLEVUE STRENGTHENS NEW YORK CITY'S SPECIAL PATHOGEN PREPAREDNESS THROUGH SPECIALIZED HANDS-ON TRAINING

NYC Health + Hospitals/Bellevue hosted around fifty health care workers from NYC Health + Hospitals/Elmhurst, NYC Health + Hospitals/Harlem, and NYC Health + Hospitals/Jacobi for a specialized hands-on training in special pathogens preparedness held in collaboration with NYC Health + Hospitals' Central Office of Biopreparedness and Emergency Management teams. The all-day session was designed to strengthen the public health care System's capacity and coordination across its hospital facilities to safely respond to special pathogens such as Ebola and other high-consequence infectious diseases.

GO2 FOR LUNG CANCER AGAIN RECOGNIZES NYC HEALTH + HOSPITALS/ELMHURST AS CENTER OF EXCELLENCE

NYC Health + Hospitals/Elmhurst has been re-designated a Center of Excellence by GO_2 for Lung Cancer, recognizing the hospital's commitment to expanding access to lung cancer screening and improving care for people at risk for or living with lung cancer. The designation recognizes the efforts of Elmhurst's Lung Cancer Screening Program team,

whose physicians, nurses, nurse practitioners and other healthcare professionals work year-round to increase awareness of lung cancer screening and connect community members with potentially lifesaving care.

For the Elmhurst Hospital team, that work extends well beyond the confines of the hospital's campus. Throughout the year, team members participate in community outreach events across Queens, providing education about lung cancer, sharing information about who may be eligible for screening, and helping community members understand the importance of early detection. The team also works to make screening more accessible by helping community members connect with appointments and appropriate follow-up visits.

NYC HEALTH + HOSPITALS/KINGS COUNTY CELEBRATES BREAST CANCER AWARENESS MONTH

NYC Health + Hospitals/Kings County hosted its annual Breast Cancer Awareness Month Celebration Event, bringing together patients, survivors, caregivers and healthcare professionals to honor those impacted by breast cancer and highlight the importance of education, support and community. The event featured educational presentations, patient testimonials, and a panel discussion. The celebration recognized the strength and resilience of breast cancer patients and survivors while acknowledging the important role caregivers and health care professionals play throughout the cancer journey.

NYC HEALTH + HOSPITALS/QUEENS HOSTED TIMELY COMMUNITY PREPAREDNESS EXPO AS NOR'EASTER APPROACHED NEW YORK CITY

On Friday, September 25, NYC Health + Hospitals/Queens hosted the Get Ready, Stay Ready: Emergency Preparedness Expo, welcoming hundreds of participants including hospital employees, visitors, patients, and local students. The event's timing was particularly critical as a powerful nor'easter threatened to impact the region, with forecasts calling for wind gusts up to 50 mph, heavy rain, and coastal flooding across the New York City metro area through the following Monday. The Expo served as a hub of activity, providing a proactive response to the very types of weather threats currently facing the borough. A diverse group of community partners—including the NYC Medical Reserve Corps, the Salvation Army, United Way of New York City, and the Red Cross—offered hands-on demonstrations and resources.

Attendees participated in hands-only CPR education provided by DocGo and "Stop-the-Bleed" training, while AARP New York and the ASPCA provided specialized preparedness tips for seniors and pet owners. A highlight of the event was a disaster preparedness presentation by the Citizen's Preparedness Corps, where registered attendees received free "Go Bags" to ensure they are equipped for the immediate impacts of the incoming storm.

NYC HEALTH + HOSPITALS/LINCOLN RE-DESIGNATED AS "BABY-FRIENDLY" FOR CONTINUED EXCELLENCE IN MATERNAL AND INFANT CARE

NYC Health + Hospitals/Lincoln announced that it has officially achieved its Baby-Friendly re-designation, reaffirming its decade-long position as a leader in maternal and infant healthcare in the South Bronx. This prestigious global accreditation, bestowed by Baby-Friendly USA, recognizes hospitals that uphold the highest standards for supporting breastfeeding mothers, infant nutrition, and parent-child bonding.

First recognized in 2015 as the very first hospital in the Bronx to earn this distinction, Lincoln Hospital continues to set the benchmark for equitable, patient-centered care. The Baby-Friendly initiative, sponsored by the World Health Organization (WHO) and UNICEF, requires facilities to complete a rigorous review process and adhere to the **Ten Steps to Successful Breastfeeding.**

NYC HEALTH + HOSPITALS/QUEENS' PEDIATRICS DEPARTMENT HOSTS PRE-LAUNCH BOOK READING WITH CELEBRATED CHILDREN'S BOOK AUTHOR

The Pediatrics Department at NYC Health + Hospitals/Queens hosted a special literary celebration for patients, families, and staff. The event featured award-winning Scottish author Molly Arbuthnott, who treated the community to a reading of her newest book, *Oscar the Hebridean Cat*, just one day before its official global launch.

The clinic was teeming with families who found the department transformed into a festive tribute to the book's characters. Children and staff alike joined in the spirit of the story, with some dressing up as the "Hebridean cats" from the series. The afternoon was filled with interactive activities, including cat puppets, coloring stations, and themed stickers. In a special highlight of the day, Ms. Arbuthnott signed approximately three dozen copies of her books, which were gifted to the children visiting the clinic to take home and enjoy with their families.
Molly Arbuthnott is a distinguished author, educator, and academic whose work is deeply rooted in her experience as a teacher and her Master's in Children's Literature. Her books are crafted with a specific mission: to foster empathy, teamwork, and moral courage in young readers. By blending whimsical storytelling with emotional intelligence, she aims to help children navigate their feelings and the world around them. Furthermore, her work often supports global conservation efforts, including partnerships with organizations like WILD to protect the natural world.

NEW SERENITY ROOM OPENS AT NYC HEALTH + HOSPITALS/METROPOLITAN

Metropolitan Hospital held a ribbon-cutting ceremony for its new Serenity Room, a private space for patients and families in the hospital's main building. With support from Chief Executive Officer Julian John, the hospital created the room to give families a place to gather and meet privately with care teams.

The space gives families a place to spend time together, grieve and discuss concerns with social workers, spiritual care providers, doctors and patient advocates. For staff, it provides a setting for sensitive conversations that respects each family's privacy and dignity.

NYC HEALTH + HOSPITALS/QUEENS HOSTS COMMUNITY HEALTH FAIR AS CENTERPIECE OF HISPANIC HERITAGE MONTH CELEBRATIONS

NYC Health + Hospitals/Queens hosted a comprehensive Community Health Fair on September 30, serving as the primary event in the hospital's month-long celebration of Hispanic Heritage Month. Sponsored by MetroPlusHealth, the event transformed the hospital Atrium into a vital resource hub, connecting hundreds of local residents, patients, and staff with essential health services and education. Hispanic and Latino populations face higher risks for certain conditions, such as diabetes, hypertension, and some forms of cancer. The fair provided a critical platform to share preventative strategies and tools for long-term wellness with all attendees, balancing the serious mission of education with a spirit of community connection. Attendees received specialized information from hospital teams including Stroke Initiative, Virology, Adult and Child/Adolescent Behavioral Health, Addiction Services, Ambulatory Care, and Social Work. These experts worked alongside partners such as the FDNY, NYC Commission on Human Rights, Catholic Charities of Brooklyn and Queens, CIANA, and The Lighthouse Mission to provide a holistic approach to community wellness. In addition, staff from Queens Hospital and Rising Ground: Jamaica Community Partnership worked together to assemble over 100 bags of fresh produce and groceries for local families as part of the Hispanic Heritage Month health fair outreach. The fair was organized by the hospital's Hispanic Heritage Committee, a dedicated group of employee volunteers.

NYC HEALTH + HOSPITALS/WOODHULL WELCOMES OVER 170 STUDENTS FOR THIRD ANNUAL HEALTHCARE CAREER DAY

NYC Health + Hospitals/Woodhull hosted its Third Annual Health Care Career Day, welcoming 174 registered student participants for a day focused on career exploration, mentorship, inspiration, and preparing young people for the transition from high school to the workforce. Coordinated by NYC Health + Hospitals/Woodhull's Volunteer Services Department, Career Day provided students with an opportunity to connect directly with healthcare professionals and learn about the wide range of careers that contribute to delivering high-quality patient care. In addition to physicians, nurses, and other clinical professionals,

students were introduced to career pathways in Human Resources, Finance, Information Technology, Administration, Communications, Operations, Data and Analytics, Facilities, and other essential areas of healthcare. The event reflects NYC Health + Hospitals/Woodhull's continued commitment to investing in young people and helping students understand that a career in healthcare extends far beyond the bedside. Through conversations with hospital leaders and staff, students were encouraged to ask questions, explore their interests, learn about educational and professional pathways, and envision themselves as part of the future healthcare workforce.

A SECOND CHANCE FOR A BOOKSHELF BECOMES A FIRST CHAPTER FOR YOUNG PATIENTS AT NYC HEALTH + HOSPITAL/JACOBI | NORTH CENTRAL BRONX

For the young patients who walk through the doors of North Central Bronx's (NCB) Pediatric Outpatient Services, a hospital visit can bring worry, waiting, and uncertainty. Now, it will also bring something else: a story to take home. NCB celebrated the ribbon-cutting of a newly refurbished children's bookshelf, once destined for the trash, now reborn as a bright, welcoming Choose a Book, Keep a Book station.

Artist-in-Residence Cibele Vieira hand-painted the bookshelf with butterflies and caterpillars, and the Jacobi/NCB Health Initiatives Team, NCB Ambulatory Care, Painters, Locksmith, and Engineering & Maintenance teams, along with Helping Healers Heal (H3), brought it to life.

PATIENT SUCCESS STORIES

AFTER SICKLE CELL CRISIS, BROOKLYN MOTHER IS BACK ON HER FEET FOLLOWING CARE FROM NYC HEALTH + HOSPITALS/KINGS COUNTY

While working as an office assistant in Brooklyn, Grace Carter felt her body grow weak and lose all sensation. Fearing she would collapse, she lay on the floor and became unconscious.
Grace was rushed to the Emergency Room at NYC Health + Hospitals/Kings County where doctors diagnosed her with sickle cell disease and determined she had suffered a sickle cell crisis.

She spent two months in the ICU, suffering two strokes, two heart attacks, multi-organ failure, sepsis, and early onset necrosis. Her condition was so severe that her care team and loved ones feared she would not survive. But, with help from the expert Sickle Cell team at NYC Health + Hospitals/Kings County, Grace recovered.

Grace continues follow-up care at NYC Health + Hospitals/Kings County, balancing appointments across hematology, cardiology, neurology, podiatry, physical therapy, and optometry. After being in the ICU for

two months, ordinary moments like walking, speaking, and being home with her daughter Jasmine, now feel extraordinary.

NYC Health + Hospitals is one of the largest providers of sickle cell care in the country, with seven sickle cell clinics for pediatric patients and three sickle cell clinics for adults. Services include preventive medications, such as hydroxyurea, to reduce the risk of severe symptoms; preventive screening tests; pain management; and care navigation.

NYC CARE UPDATE

NYC HEALTH + HOSPITALS' NYC CARE PROGRAM CELEBRATES GROWING PARTNERSHIPS WITH LATIN AMERICAN CONSULATES

In celebration of Hispanic Heritage Month, NYC Health + Hospitals' NYC Care program today announced that it has reached 16,874 people through tabling events between its community-based organization partners and Latin American consulates since the tabling partnerships launched in November last year. Recognizing the central role that consulates play for new immigrants to access resources and information, the NYC Care program has spearheaded partnerships with the consulates of Mexico, Chile, Ecuador, Colombia, El Salvador, and Guatemala. These include 10,781 people reached at the Ecuadorian Consulate; 3,361 reached at the Mexican Consulate; and 1,598 reached at the Colombian Consulate. The NYC Care team has invited community-based organization partners such as La Jornada, Make the Road NY, and Council of Peoples Organization to bring outreach staff on-site to share information on city resources, present on the benefits of regular health care access, and support the direct enrollment process for prospective new members. In some cases, NYC Care has also worked with NYC Health + Hospitals facilities to bring health screenings directly to visitors of the consulates in addition to other government and non-profit partners. These include over 120 blood pressure screenings conducted at the Ecuadorian consulate and over 50 blood pressure screenings conducted at the Guatemalan consulate. NYC Care continues to work to expand the number of consulates it works with, in close partnership with the Mayor's Office for International Affairs and the Mayor's Office of Immigrant Affairs. The team also works closely with immigrant communities across the five boroughs to encourage all New Yorkers to continue to seek care at NYC Health + Hospitals, regardless of insurance status or ability to pay.

ARTS IN MEDICINE UPDATE

CONSERVATION OF MAJOR WORKS BY BLACK ARTISTS AT NYC HEALTH + HOSPITALS/HARLEM HOSPITAL COMPLETED

NYC Health + Hospitals' Arts in Medicine department completed the conservation work on several of the most significant works by Black

artists in its collection—three Depression-era murals of the Federal Art Project and John Rhoden's monumental bronze *The Family*, which stands above the hospital's entrance at 506 Lenox Avenue.

Located in the Mural Pavilion at NYC Health + Hospitals/Harlem, the three murals represent one of the most significant collections of Black art from the Depression era. Created under the New Deal of the Works Progress Administration, these works mark a watershed moment when Black artists fought for and won access to major public commissions. Charles Alston—the first African American supervisor in the Federal Art Project—created two companion murals that remain essential works in American art history. *Magic in Medicine* (1940) and *Modern Medicine* (1940) juxtapose traditional healing practices across cultures with contemporary medical science, depicting a racially integrated hospital staff—a radical vision of equality for its time. Vertis Hayes created the monumental *Pursuit of Happiness* (1937), spanning 800 square feet across eight panels. This sweeping visual narrative traces the arc of African American history from ancestral African villages to 20th-century professional and cultural achievement. The Harlem Hospital murals join a group of landmark works conserved with support from Bloomberg Philanthropies' 2025 support of the Arts in Medicine department, a commitment that has enabled the restoration of some of the collection's most consequential pieces. Foreground Conservation & Decorative Arts completed the work on site over a two-week period earlier this year.

NYC HEALTH + HOSPITALS/KINGS COUNTY UNVEILS LARGE-SCALE MURAL CELEBRATING HEALING, RESILIENCE, AND HOPE

NYC Health + Hospitals/Kings County is bringing art into an everyday hospital space through *Patient's Pathway*, a large-scale mural by artist Fadi Khoury, an artist-in-residence at the hospital. The mural spans the underground corridor and uses vibrant colors and layered textures to create an uplifting environment for patients, families, and staff. The project grew out of Khoury's ongoing volunteer residency at Kings County Hospital, where he creates visual art and site-specific dance installations as part of his commitment to integrating the arts into healthcare environments. After discussing the possibility of creating artwork in the hospital with Dr. Patricia Castro-Auvet, the idea of transforming the underground corridor into a more welcoming space for the thousands of people who use it was formed.

Drawing on his signature abstract expressionist style, Khoury's mural translates movement into a visual representation of the healthcare journey. Khoury painted directly on the corridor walls using acrylic paint, designed to inspire optimism and forward movement while offering moments of calm in a space people pass through every day.

UNITED NATIONS HEALING ARTS WEEK PANEL

Drawing on findings from the Hospital Murals Evaluation (HoME), the largest international study of murals in hospitals, co-led by NYC Health + Hospitals Arts in Medicine and an international team at the Jameel Arts & Health Lab, and grounded in the lived experience of artists working in hospital spaces, the panel traced a through line from evidence to policy, and from Champanier's 1938 WPA-commissioned Alice of Wonderland Visiting New York mural and Keith Haring's iconic gift to Woodhull Hospital, to the evidence-informed, community-shaped care environments the health care system is building today.

ARTS IN MEDICINE PRESENTATION AT HEALTH CARE DESIGN CONFERENCE + EXPO IN NEW ORLEANS

Ryan Patrick, Curator of NYC Health + Hospitals' Arts in Medicine department, and Marcel Foster, CEO and Co-Founder of Performance Hypothesis delivered a presentation on Arts Programs to Measurable Impact to an audience of other health care leaders, arts workers, educators, and administrators. This annual conference focuses on equity, artistic discovery, and community engagement.

LINCOLN CENTER DAY OF LEARNING

Monica Marino and Ryan Patrick from NYC Health + Hospitals' Arts in Medicine department presented the department's work to attendees, and led the group on a tour of the recent collaborative exhibition on Juilliard's campus – highlighting the growing partnership between the two institutions and the impact of the Curating for Health model.

METROPLUSHEALTH UPDATE

METROPLUSHEALTH ACHIEVES MAJOR QUALITY MILESTONES ACROSS ITS PORTFOLIO

MetroPlusHealth has achieved significant quality accomplishments across its Medicare, Medicaid, Health and Recovery Plan (HARP), Essential Plan, and HIV Special Needs Plan (HIV SNP) products, demonstrating strong performance across several of New York State's most important quality and value-based incentive programs.

Together, these achievements reflect MetroPlusHealth's continued focus on improving clinical outcomes, enhancing the member experience and delivering coordinated care for diverse populations with varying health and social needs. They also underscore the strength of the integrated MetroPlusHealth and NYC Health + Hospitals model in advancing high-quality care that meets the diverse needs of our members.

Medicare

For the second consecutive year, MetroPlusHealth earned an overall 4-Star Medicare Rating from the Centers for Medicare & Medicaid Services, including 4 Stars for Part C and 4.5 Stars for Part D prescription drug coverage. The rating reflects strong performance across 45 measures spanning clinical quality, member experience, pharmacy services, and

operations, reinforcing MetroPlusHealth's position as a high-quality Medicare plan serving older adults across New York City.

HIV SNP

MetroPlusHealth ranked #1 among New York State HIV Special Needs Plans for the fourth consecutive year through the HIV SNP Quality Incentive program. The plan earned the highest overall score among participating plans, achieving a quality score of 91.76 and a total score of 80.40. MetroPlusHealth also earned the maximum 45 points available for viral load suppression, the program's most heavily weighted measure and a critical indicator of effective HIV treatment and long-term health outcomes for people living with HIV. This achievement reinforces MetroPlusHealth's longstanding leadership in HIV care and its commitment to connecting members with specialized care management, community outreach, and treatment services.

Medicaid

MetroPlusHealth achieved Tier 1, the highest performance tier in New York's Medicaid Quality Incentive Award program for Measurement Year 2024, improving from Tier 3 in 2023. The plan earned credit on 32 of 36 quality measures and achieved 90th-percentile performance on 11 measures, including preventive care, behavioral health, maternal health, and chronic disease management. These results reflect the broad-based improvement and strong quality performance in delivering high-quality care to MetroPlusHealth's Medicaid members.

HARP

MetroPlusHealth earned back 100% of the available quality withhold under New York's Health and Recovery Plan quality program for Measurement Year 2024, following similarly strong performance in Measurement Year 2023. This accomplishment reflects strong performance in supporting members with complex behavioral health, medical, and social needs and highlights MetroPlusHealth's integrated approach to care management, care coordination, and member support.

Essential Plan

MetroPlusHealth received a Tier 1 Quality Incentive Award from New York State for Measurement Year 2023, recognizing strong quality performance and supporting continued investment in provider and member programs aligned with New York State Medicaid quality priorities.

Quality incentive funding is reinvested through Value-Based Payment (VBP) and Pay-for-Performance (P4P) arrangements that reward providers for delivering high-quality, evidence-based care and improving performance on key quality measures. Funding also supports member reward programs designed to encourage preventive care and help close identified care gaps.

These investments strengthen provider accountability for quality outcomes, encourage greater member participation in preventive care, support equitable access to care, and deepen collaboration with providers around quality improvement and care gap management.

A Strong Quality Story Across the Portfolio

Together, these accomplishments demonstrate MetroPlusHealth's ability to achieve strong quality performance across multiple product lines while

serving New Yorkers with a wide range of health and social needs. Through continued collaboration with NYC Health + Hospitals, MetroPlusHealth remains focused on improving outcomes, advancing health equity and strengthening the member experience, and creating value for the members and communities it serves.

METROPLUSHEALTH ANNOUNCES GOLD PLAN OPEN ENROLLMENT RESOURCES FOR NEW YORK CITY EMPLOYEES

MetroPlusHealth announced a series of resources and events to help eligible City employees and their families prepare for Gold Plan Open Enrollment, which runs November 1 through November 30.
Ahead of open enrollment, MetroPlusHealth will host Gold events at NYC Health + Hospitals facilities and other locations across the City, providing eligible employees with convenient opportunities to learn more about its Gold benefits and available member resources. New and existing Gold members will also have access to the **Gold Signature Concierge Program**, a new personalized support service designed to help members make the most of their benefits and make informed decisions about their care.

EXTERNAL AFFAIRS UPDATE

City
On October 20, NYC Health + Hospitals was invited to participate in the City Council hearing: "Oversight – Ambulance Response Times." Dr. Joshua Moskovitz, Emergency Medicine Physician, participated in Q&A. On October 28, NYC Health + Hospitals was invited to participate in the City Council hearing: "Oversight – H+H's NYC Care Program and Access to Health Care for Uninsured New Yorkers." Dr. Theodore Long, SVP, System Chief Medical Officer for Clinical Services and Population Health and Chief Executive Officer of the NYC Health + Hospitals Accountable Care Organization, provided testimony and participated in Q&A, and Dr. Jonathan Jimenez, Executive Director of NYC Care, also participated in Q&A.

State
On the legislative front, of the 759 bills that passed both houses, 363 bills have been acted on thus far by the Governor. The rest of the bills will have to be delivered to and acted on by the Governor before the end of the year. This includes the majority of the health care bills we are following.

Early voting has begun! External Affairs will be reviewing the results of the 2026 midterm elections, as all 213 members of the NYS Legislature and the Statewide offices are on the ballot. We are expecting many of our facility representation at the State level will change based on retirements and primary results.

Federal

Last month, Congress passed a Continuing Resolution that extended Federal government funding through December 11, 2026. This keeps all funding levels as is, and allows Congress until then to decide on FY-27 appropriations. Congress must pass all the FY-27 Appropriations bills before federal government funding expires on December 11.

Advocacy is ongoing to the NYC Congressional delegation in support of other H+H priorities, including repealing the policies enacted in HR1, eliminating the remaining Medicaid DSH cuts, extending telehealth flexibilities, and protecting the 340B Prescription Drug Program.

We are expecting that some of our representation at the Federal level will change based on retirements and primary results.

Community Affairs
On October 20, the Community Affairs team resumed its monthly Community Affairs Directors meeting, bringing together system-wide staff to share updates on events, initiatives, and opportunities for collaboration.

The Council of CABs met on October 6 and received a presentation on MyChart updates, including the Emergency Department MyChart view (care team members, test results, and upcoming events for patients in the ED), the post-discharge support feature, and changes to proxies for adolescent patients. The Council of CABs also received a briefing from the Commission on Government Efficiency regarding the November ballot proposals.

CONTRACT DEVIATIONS REPORT

I approved one deviation this past month.

The deviation is from Operating Procedure 100-05 for an urgent steam station renovation at the Food Services Building/Culinary Center at NYC Health + Hospitals/Kings County.

1. The Culinary Center is the only centralized food production site for the entire NYC Health + Hospitals system and makes about 17,000 meals a day. The Pressure Reducing Valve (PRV) station that supports the facility is failing badly. It must be repaired before the winter heating season to prevent food service disruptions across the system and to keep working conditions safe. We used a limited competitive solicitation to avoid a procurement process that would have taken months. The selected vendor possesses the requisite skill and knowledge to fix the building's steam system, which will significantly reduce execution risk and downtime. The contract term is 180 days, and the deviation amount is $266,694.00.

REAL ESTATE UPDATE

On July 16,2026 a license was executed with Tasty Picks Corp. to establish an eatery at NYC Health + Hospitals/North Central Bronx. The term is for five years with annual fee is $76,512.09 for a total of fee of $406,213.08. The size of the space is 1,956 square feet and the effort complements the System's patient services.

NEWS FROM AROUND THE SYSTEM

- WNBC: Fighting for two: Mom battles breast cancer while pregnant
- The Bronx Daily: NYC Health + Hospitals / Gotham Health Expands Access To Comprehensive Developmental-Behavioral Pediatric Care
- Caribbean: Soca star Kes to headline Gotham Health Masquerade Gala at the Met
- Becker's Hospital Review: Improving Medicare Advantage Star Ratings Through Care Management and Data Sharing with Dr. Sanjiv Shah
- Becker's Hospital Review: NYC hospital earns 8-year pharmacy residency accreditation
- Becker's Hospital Review: 20 'most beautiful' US hospitals in 2026
- Columbia Daily Spectator: Manhattan Immigration Welcome Center opens in West Harlem
- Hoodline: Mamdani Pours $4.8M Into Bushwick, Harlem Anti-Violence Teams Amid Crime Spike
- Patch: $1.6M Coming To Bushwick To Help Stop Shootings
- FOX5: Mayor Mamdani announces expansion of city's crisis management system
- Hoodline: Bronx Hospital Unveils $9.68M Maternity Overhaul as Mortality Gap Widens
- Hyperallergic: WPA Murals at Harlem Hospital Restored to Their Original Glory
- THIRTEEN: NYC Teen Revolutionaries Who Transformed American Healthcare
- Yahoo! Finance: MetroPlusHealth Earns 4-Star Medicare Rating for Second Consecutive Year
- El Diario: Free mammograms in New York: where to go and how much they cost without health insurance
- Bronx Times: Bronx lawmakers secure $4.5M for Jacobi Hospital upgrades
- The Art Newspaper: As art's health benefits become even clearer, hospital curators get organized
- NY1: Dr. Jaime Alberty of Kings County shares signs, symptoms and prevention tips of breast cancer
- The Cameron Journal: El Diario to Honor 20 Outstanding Latino Leaders at the 2026 EL Awards
- Bronx Times: Breast cancer is not just a 50+ disease. What younger women should know

- South Asian Times: 32 NYC Health + Hospitals nurse leaders recognized for achieving doctoral distinction
- Gothamist: NYC has a plan to stop homeless people from cycling between hospitals and the streets
- BK Reader: South Brooklyn Health Launches New Bedside Recreation Program
- Times Higher Education: What the movement to integrate the arts and health can teach us about making research matter
- BK Reader: Mayor Mamdani, NYC Health + Hospitals Announce New Bridge to Home Facility in Brooklyn
- QNS: Photos | Elmhurst Hospital introduces new facility therapy dog, Weasley II
- El Diario: New immigrant welcome center opens in Harlem
- Becker's Hospital Review: 532 hospitals with the lowest CAUTI rates
- Patch: South Brooklyn Health Unveils New BRAVO Volunteer Program
- Becker's Hospital Review: NYC Health + Hospitals dental residency programs earn ADEA's highest honor
- Becker's Hospital Review: 25 post-acute care leaders on what has them fired up going into 2027
- SurvivorNet: When Facing 'Active Surveillance' for Prostate Cancer Can Expect and Why One Expert Says, 'It's Far From Doing Nothing'
- South Brooklyn Health: South Brooklyn Health Opens 250th Anniversary Art Exhibition
- Brooklyn Daily Eagle: From nurse to CEO: New South Brooklyn Health Center boss says 'Brooklyn is the place to be'

NYC HEALTH+ HOSPITALS

RESOLUTION - 06

Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute contracts with the twenty (20) vendors listed in the attached hereto Exhibit A for RFP 2845 - IT Supplemental Staffing services** at a not to exceed amount of $384,000,000 which includes a 15% contingency of $50,000,000, for a contract term of three (3) years and two (2) one-year renewal options exercisable at the discretion of the System; and to permit the System to add and/or remove additional vendors to the pool should the need arise, which need may include but is not limited to non-responsiveness from any of the twenty (20) awarded vendors, under the same committee and evaluation criteria.

WHEREAS, Enterprise Information Technology Services ("EITS") is responsible for all of the System's information systems and technology infrastructure, providing comprehensive information technology ("IT") services and programs to support the System. EITS manages over 1700+ applications, two parallel processing data centers, and infrastructure distributed throughout the organization; and

WHEREAS, EITS also leads hundreds of initiatives annually to advance strategic goals, enhance care, support growth and regulatory change, and prepare the System for the future.

WHEREAS, the System has identified a need for supplemental staffing services from vendors who can provide qualified, experienced IT professionals on a temporary, project-based, or contract-to-hire basis; and

WHEREAS, contracting with IT supplemental staffing vendors enables the System to cost-effectively meet evolving business needs, access specialized expertise, maintain service continuity, prevent project delays, and adapt to changing technologies; and

WHEREAS, the System conducted an open and competitive Request for Proposals ("RFP") process under the supervision, and with the assistance, of Supply Chain Services to select twenty (20) vendors to provide IT Supplemental Staffing services, in which seventy-three (73) firms attended a pre-proposal conference; and

WHEREAS, of the ninety (90) proposals submitted, seventy-two (72) proposals met the minimum requirements for evaluation and the twenty (20) vendors who received the highest ratings have been selected for award; and

WHEREAS, the Senior Vice President, Corporate Chief Information Officer will be responsible for the management of the proposed contracts.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute contracts with the twenty (20) vendors listed in the attached hereto Exhibit A for RFP 2845- IT Supplemental Staffing services at a not to exceed amount of $384,000,000 which includes a 15% contingency of $50,000,000, for a contract term of three (3) years and two (2) one-year renewal options exercisable at the discretion of the System and that the System may add and/or remove additional vendors to the pool should the need arise, which need may include but is not limited to non-responsiveness from any of the twenty (20) awarded vendors, under the same committee and evaluation criteria.

NYC HEALTH + HOSPITALS

EXECUTIVE SUMMARY
RFP 2845- IT SUPPLEMENTAL STAFFING SERVICES
AGREEMENTS WITH
AWARDED VENDORS

OVERVIEW: The purpose of these agreements is to provide RFP 2845- IT Supplemental Staffing services to contract with IT supplemental staffing vendors who can provide qualified, experienced IT professionals on a temporary, project-based, or contract-to-hire basis enabling the System to cost-effectively meet evolving business needs, access specialized expertise, maintain service continuity, prevent project delays, and adapt to changing technologies.

PROCUREMENT: The System conducted an open and competitive RFP to establish a pool of vendors to provide RFP 2845 - IT Supplemental Staffing services to the System on an as-needed basis. The RFP was sent directly to fourteen (14) prospective vendors, and seventy-three (73) prospective vendors attended a pre-proposal conference. A total of ninety (90) firms submitted proposals and, of the proposals submitted, seventy-two (72) proposals met the minimum requirements for evaluation and the Evaluation Committee selected the top twenty (20) rated proposers to provide IT Supplemental Staffing services to the System.

COSTS: The total not-to-exceed cost for the proposed contract over its full, potential five (5) year term is not to exceed $384,000,000 which includes a 15% contingency of $50,000,000.

MWBE: An overall MWBE utilization goal of 30% has been established and accepted by the selected vendors.

Exhibit A

Awardees

1. 22nd Century Technologies, Inc.
2. 314e Corporation
3. Cogent Infotech Corporation
4. Compunnel Software Group, Inc.
5. ePlus Technology Inc
6. GCOM Software LLC
7. Healthcare IT Leaders LLC
8. InfiCare Health Inc
9. Infojini, Inc.
10. Insight Global, LLC
11. Integrated Resources, Inc.
12. KFORCE
13. LanceSoft Inc
14. Momentum Resource Solutions, LLC
15. Navitas Partners LLC
16. NTT DATA Americas, Inc.
17. Seneca Resources, LLC
18. Tandym Group, LLC
19. TEKsystems
20. Vastek Inc

NYC HEALTH+ HOSPITALS

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Maitry Halder
Senior Contract Attorney
Supply Chain Legal Services

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract(s) for EITS Supplemental Staffing Services

Date: November 6, 2026

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Legal Name	**Vendor Responsibility**	**EEO**	**MWBE**
22nd Century Technologies, Inc.	Approved 2/13/2026	Pending	MBE
314e Corporation	Pending	Approved	MBE
Cogent Infotech Corporation	Approved 10/2/2026	Pending	MBE
Compunnel Software Group, Inc.	Approved 10/16/2026	Pending	30%
ePlus Technology Inc	Approved 10/19/2026	Pending	30%
GCOM Software LLC	Approved 10/19/2026	Approved	30%
Healthcare IT Leaders LLC	Pending	Approved	30%
InfiCare Health Inc	Pending	Pending	30%
Infojini, Inc.	Approved 10/19/2026	Pending	MBE

Insight Global, LLC	Pending	Pending	30%
Integrated Resources, Inc.	Approved 10/19/2026	Approved	MBE
KFORCE	Approved 10/16/2026	Pending	30%
LanceSoft Inc	Pending	Pending	MWBE
Momentum Resource Solutions, LLC	Approved 10/16/2026	Pending	MBE
Navitas Partners LLC	Pending	Pending	MWBE
NTT DATA Americas, Inc.	Approved 10/19/2026	Pending	30%
Seneca Resources, LLC	Approved 10/20/2026	Pending	30%
Tandym Group, LLC	Approved 3/31/2026	Pending	30%
TEKsystems	Pending	Pending	Waiver
Vastek Inc	Pending	Pending	30%

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

NYC HEALTH+ HOSPITALS

Information Technology (IT) Supplemental Staffing Services Application to Enter into Contract with

22nd Century Technologies, Inc.; 314e Corporation; Cogent Infotech Corporation; Compunnel Software Group, Inc.; ePlus Technology Inc; GCOM Software LLC; Healthcare IT Leaders LLC; InfiCare Health Inc; Infojini, Inc.; Insight Global, LLC; Integrated Resources, Inc.; KFORCE; LanceSoft Inc; Momentum Resource Solutions, LLC; Navitas Partners LLC; NTT DATA Americas, Inc.; Seneca Resources, LLC; Tandym Group, LLC; TEKsystems Inc; Vastek Inc

Board of Directors Meeting
November 19, 2026

Kim Mendez, Senior Vice President/Corporate Chief Information Officer
Apoorva Karia, Assistant Vice President
Enterprise IT Services (EITS)

For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute contracts with the twenty (20) vendors listed in the attached hereto Exhibit A for RFP 2845 - IT Supplemental Staffing services** at a not to exceed amount of $384,000,000 which includes a 15% contingency of $50,000,000, for a contract term of three (3) years and two (2) one-year renewal options exercisable at the discretion of the System; and to permit the System to add and/or remove additional vendors to the pool should the need arise, which need may include but is not limited to non-responsiveness from any of the twenty (20) awarded vendors, under the same committee and evaluation criteria.

Background & Current State

- Enterprise IT Services (EITS) is responsible for all of NYC Health + Hospitals' ("the System") information systems and technology infrastructure, providing comprehensive information technology ("IT") services and programs to support the system. EITS manages over 1700+ applications, two parallel processing data centers, and infrastructure distributed throughout the organization.
- EITS also leads hundreds of initiatives annually to advance strategic goals, enhance care, support growth and regulatory change, and prepare the System for the future.
  - To support these initiatives and address growing demands for technical expertise, project delivery, and operational support, EITS requires supplemental staffing services from vendors who can provide qualified, experienced IT professionals on a temporary, project-based, or contract-to-hire basis
  - Contracting with IT supplemental staffing vendors enables the System to cost-effectively meet evolving business needs, access specialized expertise, maintain service continuity, prevent project delays, and adapt to changing technologies

Key Enterprise EITS Projects

The projects below represent a non-exhaustive sample of planned initiatives, illustrating the need for supplemental staffing. Funding for this contract will be derived from approved program/project budgets.

Infrastructure

- Data Center & Network Hardware Refresh
- Contact Center Modernization
- Cloud Migration
- Identity and Application Entitlements
- ServiceNow Implementation and Support

Data & Analytics, Innovations, AI

- Enterprise Legacy Data Archive Platform Implementation
- Implementation of an Enterprise AI platform that will be leveraged to develop all future AI models and applications for the System

Clinical Information Systems

- New Epic modules
- Epic upgrades
- Application Rationalization
- Modernization of EMPI platform

Enterprise Resource Planning

- Oracle Cloud Fusion - HCM, EDM, ERP, Supply Chain, Scheduling, and Payroll
- System-wide Electronic Time Capture devices that will interface into Oracle Cloud Fusion Time and Labor

Technology Integration

- Implementation, Rationalization and Optimization of various IT systems

Background & Current State

- EITS currently has 14 vendors on contract that provide IT supplemental staffing services.
  - A competitive procurement process was conducted in 2021 and was approved by the Board of Directors in January 2022.
  - The contract NTE is $283 million, and approximately $205.4 million has been spent from June 2022 through September 2026.
  - The current contract expires on June 30, 2027 and the new contracts are anticipated to begin on July 1, 2027.

RFP Criteria

- Minimum Criteria:
  - A minimum 5 years in business
  - A minimum combined annual gross revenue of $10 million
  - Ability to fill all the job titles listed, either directly or through subcontracting
  - At least 5 years of providing IT supplemental staffing services to similar organizations
  - MWBE certification, utilization plan, or waiver

- Substantive Criteria:
  - 40% - Organizational Capacity
  - 30% - Vendor Experience
  - 20% - Cost
  - 10% - MWBE

- Evaluation Committee
  - Senior AVP and Chief Technology Officer, Enterprise Infrastructure
  - Chief Application Officer, CIS and Epic
  - Senior AVP, Business Applications and ERP
  - Chief Data and Artificial Intelligence Officer, DNA, Innovations and AI
  - Senior AVP, IT Governance, PMO and Integration
  - Chief Information Security Officer, Enterprise Security
  - AVP, Enterprise Support Services
  - Senior AVP, HR Leaves Administration

Overview of Procurement

- 2/10/26: Application to issue a request for proposals approved by CRC.
- 2/11/26: RFP posted on City Record, sent directly to 14 vendors.
- 2/18/26: Pre-proposal conference held, 73 vendors attended.
- 4/10/26: Proposals due, 90 proposals received.
  - 18 proposals disqualified
  - 72 proposals met the minimum requirements for evaluation
- 7/24/26: Evaluation committee submitted their scores.
- 8/10 - 9/24/26: Reference checks conducted for the top 20 scoring vendors with a score of 6.00 or above.

Proposed Vendors

IT Supplemental Staffing 20 Proposed Vendors	
314e Corporation	Tandym Group, LLC
Momentum Resource Solutions, LLC	Seneca Resources, LLC
TEKsystems	Navitas Partners LLC
22nd Century Technologies, Inc.	Vastek Inc
Infojini, Inc.	InfiCare Health Inc
LanceSoft Inc	GCOM Software LLC
Cogent Infotech Corporation	Integrated Resources, Inc.
Compunnel Software Group, Inc.	Healthcare IT Leaders LLC
KFORCE	NTT DATA Americas, Inc.
ePlus Technology Inc	
Insight Global, LLC	

*Yellow highlight indicates an incumbent vendor

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
314e Corporation

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Momentum Resource Solutions, LLC

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
TEKsystems Inc.

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
KFORCE

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
GCOM Software LLC

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	No
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Integrated Resources, Inc.

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation Healthcare IT Leaders LLC	
DESCRIPTION	**ANSWER**
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	No
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	N/A
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Good

Vendor Diversity

- Utilization Plan Summary

MWBE Vendor	Certification	Goal %
314e Corporation	NYC/Asian/Male	100%
Momentum Resources Solutions, LLC	NYC/Asian/Male	100%
22nd Century Technologies, Inc	NYC/Asian/Male	100%
Infojini, Inc.	NYC/Asian/Male	100%
Lancesoft, Inc.	NYC/Asian/Female	100%
Cogent Infotech Corporation	NYC/Asian/Male	100%
Navitas Partners LLC	NYC/Asian/Female	100%
Integrated Resources, Inc.	NYC/Asian/Male	100%

- The Vendor Diversity team recommended a 30% diverse vendor component percentage goal for this solicitation.

Vendor Diversity

- Utilization Plan Summary

Prime Vendor	M/WBE Subcontractor	Certification	Goal %
Kforce	Pamten Inc.	NYC/NYS/Asian/Female	30%
Healthcare IT Leaders LLC	Admiral Staffing Inc.	NYC/NYS/Asian/Male	30%
Compunnel software Group	Tech Valley Talent LLC	NYS/Non-Minority/Female	30%
ePlus Technology, Inc.	Eclaro International Inc.	NYC/NYS/Asian/Male	30%
Insight Global, LLC	RCI Technologies	NYC/NYS/Asian/Male	30%
Tandym Group, LLC	Spiral Networks Inc.	NYC/Non-Minority/Female	30%
Seneca Resources, LLC	CNC Consulting Inc.	NYC/NYS/Black/Male	30%
Vastek Inc.	Tech Valley Talent LLC	NYS/Non-Minority/Female	30%
Inficare Health Inc.	Datawize Technologies	NYS/Hispanic/Female	30%
GCOM Software LLC	Innovee	NYC/NYS/Asian/Female	30%
	William W Professional Staffing	NYS/Black/Female	
NTT Data America, Inc.	Protek Information Technology Services	NYS/Black/Female	30%

- The Vendor Diversity team recommended a 30% diverse vendor component percentage goal for this solicitation.

Vendor Diversity

- Utilization Plan Summary

Prime Vendor	M/WBE Subcontractor	Certification	Goal %
TEKsystems Inc.	N/A	N/A	0%

- TEKsystems Inc. provided a waiver request which was approved.

Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute contracts with the twenty (20) vendors listed in the attached hereto Exhibit A for RFP 2845 - IT Supplemental Staffing services** at a not to exceed amount of $384,000,000 which includes a 15% contingency of $50,000,000, for a contract term of three (3) years and two (2) one-year renewal options exercisable at the discretion of the System; and to permit the System to add and/or remove additional vendors to the pool should the need arise, which need may include but is not limited to non-responsiveness from any of the twenty (20) awarded vendors, under the same committee and evaluation criteria.

NYC HEALTH+ HOSPITALS

November 2026

RESOLUTION - 07

Authorizing the New York City Health and Hospitals Corporation (the "System") **to authorize a best interest contract renewal for its existing contract with EAC Network ("EAC") for services in connection with the System's Community Reentry Assistance Network** ("CRAN") at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years.

WHEREAS, Under the System's Procurement and Contracting Policy, Operating Procedure 100-05 ("OP 100-05"), "an expiring contract may be renewed rather than competitively procured where there is: (1) a written justification (such as the need to maintain continuity of care, avoid the disruption of a change of Vendor, honor an original equipment manufacturer service requirement, satisfaction with the incumbent Vendor's performance, etc.); (2) a cost-benefit analysis; and (3) a pricing analysis showing that the price is fair and reasonable under the circumstances; and these three items together establish that renewal is in the System's best interest[;]" and

WHEREAS, the System seeks to renew the Community Reentry Assistance Network ("CRAN") agreement with EAC at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years. (the "Renewal"); and

WHEREAS, the existing CRAN agreement has been in place with EAC since July 1, 2022 through June 30, 2025, and the two additional one-year renewal terms were executed and will expire on June 30, 2027; and

WHEREAS, the System has a continued, direct interest in, and goal of, facilitating reentry services for all individuals incarcerated in New York City ("NYC") jails, with specialization in serving Correctional Health Services ("CHS") patients with mental health diagnoses; and

WHEREAS, on average, 1,900 patients engage with CRAN each fiscal year;

WHEREAS, a Request for Proposals ("RFP") for CRAN was put out in 2022, and EAC was selected as the vendor.

WHEREAS, EAC is a critical component of CHS' and NYC's re-entry and transition services, with extensive experience in re-entry services and knowledge of CHS' environment, policies, and procedures and EAC has unique expertise in the intersection of case management services for clients with behavioral health needs and criminal legal involvement; and

WHEREAS, in the 2022 RFP, the EAC proposal included letters of support from various government, community behavioral health treatment providers, and nonprofit organizations working in the criminal legal landscape.

WHEREAS, EAC has met contract metrics for the entirety of the contract term (with the exception of one new metric in the first year of contract) and EAC has consistently rated "excellent" in vendor accountability surveys.

WHEREAS, assessments of performing the work via direct employment model would significantly increase the cost of the CRAN program, and would necessitate significant transition time; and

WHEREAS, it is in the best interest of the System to retain the existing vendor, EAC, to enable CHS to do due diligence on the program evaluation and design, put out an RFP, and transition the CRAN program; and

WHEREAS, the procurement was approved by the CRC on October 13, 2026 with an NTE of $15,918,135; and

WHEREAS, the Senior Assistant Vice President, Correctional Health Services will be responsible for the management of the proposed contract; and

WHEREAS, based on the foregoing and the information presented to the Board in connection with this resolution, the System has determined that the requirements for a Contract Renewal under OP 100-05 have been met, and thus, this Renewal is in the best interest of the System as required by OP 100-05.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to renew its existing contract with EAC Network for services in connection with the System's Community Reentry Assistance Network at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years.

November 2026

EXECUTIVE SUMMARY
COMMUNITY REENTRY ASSISTANCE NETWORK SERVICES
AGREEMENT WITH
EAC NETWORK

OVERVIEW: New York City Health and Hospitals Corporation seeks to renew its existing contract with EAC Network for services in connection with the System's Community Reentry Assistance Network at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years.

NEED: The System has a continued, direct interest in, and goal of, facilitating reentry services for all individuals incarcerated in NYC jails, with specialization in serving CHS patients with mental health diagnoses.

PROCUREMENT: An RFP for CRAN was put out in 2022, and EAC was selected as the vendor. The CRC approved this Renewal on October 13, 2026.

COSTS: The total not-to-exceed cost for the proposed contract over its full, potential three (3) year term is not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135. The current total spend to date is $18,531,825. The CRAN program is 100% grant funded via Office of Mental Health.

MWBE: EAC is a non-profit organization. Such entities are not eligible to be M/WBE certified, so no goal was set on this solicitation or award.

NYC HEALTH + HOSPITALS

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Maitry Halder
Senior Contract Attorney
Supply Chain Legal Services

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract(s) for Community Reentry Assistance Network (CRAN)

Date: 11/4/2026

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Legal Name	**Vendor Responsibility**	**EEO**	**MWBE**
EAC Network	Approved	Pending	N/A

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Community Reentry Assistance Network (CRAN)
Application to Enter into Contract with EAC Network

Board of Directors Meeting
November 19, 2026

Ellie Epstein, SAVP
Samantha Khandakji, Assistant Director

Re-entry and Transition Services
Correctional Health Services

For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the "System") **to authorize a best interest contract renewal for its existing contract with EAC Network ("EAC") for services in connection with the System's Community Reentry Assistance Network ("CRAN")** at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years.

Background & Current State

- CRAN provides reentry services for all individuals incarcerated in NYC jails, with specialization in serving CHS patients with mental health diagnoses.
  - Pursuant to the City's responsibilities under the settlement agreement in Brad H. v. City of New York, CRAN offers two program tracks: Transitional Case Management services typically initiated during incarceration, and Post Release Services available in the community.
  - CRAN works closely with clients to facilitate achievement of health and reentry goals.
  - On average, 1,900 patients engage with CRAN each fiscal year.
  - A request for proposals for CRAN was put out in 2022, and EAC Network was selected as the vendor. The request was approved by the CRC in March of 2022 and the Board of Directors in April 2022.
  - The contract initial term was July 1, 2022 – June 30, 2025, and the two additional one-year renewal terms were executed and will expire June 30, 2027. The total not-to-exceed value of the entire agreement was $25 million.
  - This program is 100% grant funded via OMH.

Background & Current State

- Historical spending and budget provided below for the CRAN Program.
- The total spend to date is $18,531,825.

Fiscal Year	Budget	Total Spend
FY23	$5,000,000	$4,435,333
FY24	$5,000,000	$4,620,703
FY25	$5,000,000	$4,761,942
FY26	$5,000,000	$4,713,847
FY27	$5,000,000	To be determined

Best Interest Renewal

- Correctional Health Services seeks a three year best interest renewal to enable the department to have significant lead time to
  - 1) In year one, conduct an in depth needs assessment and to use findings to inform program redesign and scope of work;
  - 2) In year two, put out a new RFP for the CRAN program, select a vendor, and contract with a vendor;
  - 3) In year three, transition the program from the existing scope of services and vendor to the new scope of services and vendor.

Best Interest Renewal

- Under OP 100-05, the System can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the System's best interest to do so.
  - Vendor due diligence
    - The Vendor is a critical component of CHS' and NYC's re-entry and transition services, with extensive experience in re-entry services and knowledge of CHS' environment, policies, and procedures.
    - In the 2022 RFP, EAC Network was the only proposer and received a score of 8.9 out of 10. We have no indication that there are other providers with interest.
    - EAC Network has unique expertise in the intersection of case management services for clients with behavioral health needs and criminal legal involvement. In 2022 RFP, EAC Network proposal included letters of support from various government, community behavioral health treatment providers, and nonprofit organizations working in the criminal legal landscape.
    - EAC Network has met contract metrics for the entirety of the contract term (with the exception of one new metric in the first year of contract). Vendor has consistently rated "excellent" in vendor accountability surveys.

Best Interest Renewal

- Pricing Due Diligence
  - Assessments of performing the work via direct employment model would significantly increase the cost of the program, and would necessitate significant transition time.
- Best Interest of the System
  - Best interest of the system to retain the existing vendor to enable CHS to do due diligence on the program evaluation and design, put out an RFP, and transition the program.

Vendor Performance

Department of Supply Chain Vendor Performance Evaluation EAC Network	
DESCRIPTION	**ANSWER**
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the MWBE participation goals and/or Local Business enterprise requirements, to the extent applicable?	n/a
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	n/a
Did the vendor pay its suppliers and subcontractors, if any, promptly?	n/a
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating	Excellent

Contract Terms

- A best interest renewal with EAC Network will be a three year contract, anticipated to start July 1, 2027.
  - The NTE request is $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135.
- Renewal of the existing scope of work will include:
  - The continuation of the two program tracks: Transitional Case Management services typically initiated during incarceration, and Post Release Services available in the community.
  - CHS will continue to collect annual KPIs from EAC Network including:
    - Conduct at least 6 outreach events per month;
    - Admit at least 75% of all CRAN Case Management referrals made by CHS;
    - Provide at least 85% of clients who connect in the community with at least one meaningful service;
    - Ensure court mandated clients do not account for more than 10% of total CRAN Case Management caseload in the community.

Vendor Diversity

- This procurement was only open to non-profit/community based organizations. Such entities are not eligible to be M/WBE certified, so no goal was set on this solicitation or award.

Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the "System") **to authorize a best interest contract renewal for its existing contract with EAC Network ("EAC") for services in connection with the System's Community Reentry Assistance Network ("CRAN")** at a not to exceed amount of $15,000,000 with a 9% contingency of $918,135 for a total of $15,918,135 for a contract term of three (3) years.

NYC HEALTH + HOSPITALS

November 2026

RESOLUTION - 08

Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute a Master Energy Agreement (MEA) Task Order with the New York Power Authority ("NYPA")** for an amount not-to-exceed $36,499,598, inclusive of a 10% construction contingency of $2,651,059, **to perform a comprehensive Heating Ventilation and Air Conditioning (HVAC) system upgrade at NYC Health + Hospitals/Bellevue**, for a duration of 36 months.

WHEREAS, on December 1, 2020, the ENCORE III Master Energy Agreement was executed between the New York Power Authority ("NYPA") and various City entities, including the System, to plan, fund, and implement energy efficiency and clean energy projects in City-owned facilities; and

WHEREAS, NYC Health + Hospitals/Bellevue requires a comprehensive upgrade to its critical aging HVAC infrastructure, including two rooftop air-cooled chillers serving the Operating Rooms, eight Air Handling Units (AHUs) located in the 13th floor mechanical room of Building H, and chiller condenser water piping that is more than 50 years old and has exceeded its expected useful life; and

WHEREAS, the existing HVAC equipment and piping have experienced severe corrosion, deterioration, component failures, and leaks, creating significant risk of equipment failure, unplanned operational outages, higher maintenance costs, and potential disruption to patient care; and

WHEREAS, the project will improve reliability, resiliency, and energy efficiency, provide modern control systems and operational visibility, enhance environmental control in clinical areas, and extend the useful life of Bellevue's mechanical infrastructure; and

WHEREAS, NYPA will manage the design, construction, commissioning, environmental waste disposal, and project management under the Master Energy Agreement, securing a 30.72% MWBE participation commitment ($7,953,000 MWBE construction goal); and

WHEREAS, overall responsibility for the administration of the proposed MEA Task Order shall rest with the Senior Vice President, Office of Facilities Development.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") is hereby authorized to execute a Master Energy Agreement (MEA) Task Order with the New York Power Authority ("NYPA") to perform a comprehensive Heating Ventilation and Air Conditioning (HVAC) system upgrade at NYC Health + Hospitals/Bellevue, for an amount not-to-exceed $36,499,598, inclusive of a 10% construction contingency of $2,651,059, for a duration of 36 months.

November 2026

EXECUTIVE SUMMARY
NYC HEALTH + HOSPITALS / BELLEVUE
COMPREHENSIVE HVAC SYSTEM UPGRADE PROJECT
NEW YORK POWER AUTHORITY (NYPA)

CONTRACT SCOPE:	Comprehensive Heating Ventilation and Air Conditioning (HVAC) System Upgrade
NEED:	NYC Health + Hospitals/Bellevue needs general construction and HVAC infrastructure upgrades to replace aging equipment that has reached or exceeded its useful life. Existing chillers, AHUs, and condenser piping exhibit severe corrosion, leaks, and component failures, posing significant risks of unplanned outages, high maintenance costs, and disruptions to clinical and operating room operations.
CONTRACT DURATION:	3 years (36 months), anticipated to commence on March 1, 2027 with scheduled completion on February 28, 2030.
PROCUREMENT:	Task Order issued under the Master Energy Agreement (ENCORE III MEA) executed on December 1, 2020 between NYPA and City entities as well as NYC Health + Hospitals.
PRIOR EXPERIENCE:	NYPA is a trusted public benefit energy corporation and long-standing public partner with extensive experience managing large-scale municipal energy efficiency, HVAC, and capital facility infrastructure projects for NYC Health + Hospitals and New York City agency facilities under the Master Energy Agreement framework.
CONTRACT AMOUNT:	$36,499,598.00 with a 10% construction contingency of $2,651,059, for a total value of $39,150,657.
PASSPORT APPROVAL:	NA
EEO APPROVAL:	NA
MWBE STATUS:	NYPA has committed to a 30% MWBE contract goal

NYC Health + Hospitals/Bellevue
HVAC Upgrade Project

Board of Directors Meeting
November 19, 2026

Manuel Saez, Ph.D. Sr. VP, Office of Facilities Development
Mahendranath Indar, AVP, Office of Facilities Development
Omer Cabuk, CDO, Office of Facilities Development

NYC HEALTH+ HOSPITALS

For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute a Master Energy Agreement (MEA) Task Order with the New York Power Authority ("NYPA")** for an amount not-to-exceed $36,499,598, inclusive of a 10% construction contingency of $2,651,059, **to perform a comprehensive Heating Ventilation and Air Conditioning (HVAC) system upgrade at NYC Health + Hospitals/Bellevue,** for a duration of 36 months.

NYC HEALTH+ HOSPITALS

Project Background

Project Overview

- The Comprehensive HVAC upgrade project at NYC Health + Hospitals/Bellevue will replace critical aging mechanical systems that have exceeded their useful lives and are in severely deteriorated condition to improve reliability, operational resiliency, and continuity of hospital operations.

Scope of Work

- **8 Air Handling Units (AHUs):** Replace eight deteriorating and end of life AHUs on the 13th floor of the H Building to improve reliability and reduce recurring repairs.
- **30-Inch Condenser Water (CW) Piping:** Replace over 50-year-old CW piping between the chillers and cooling towers to prevent leaks, corrosion, and catastrophic system failures.
- **2 OR Winter Chillers:** Replace two aging rooftop air-cooled chillers that provide essential cooling to operating rooms during winter shutdowns of the main chiller plant.

NYC HEALTH+ HOSPITALS

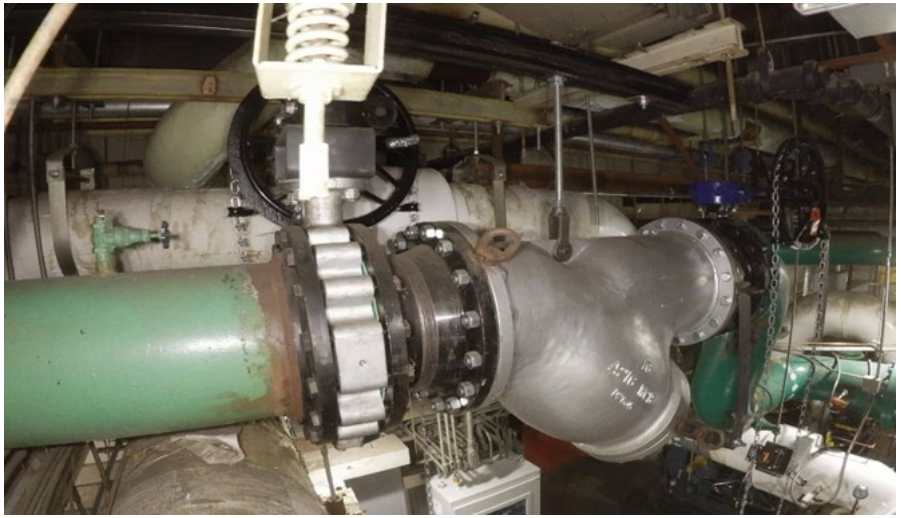
Existing Conditions- 8 AHUs





- Deteriorated Air Handling Units (AHUs) and Associated Components

Existing Conditions –CW Pipe





- LiDAR Scan of CW Piping Illustrating Work Complexity and Logistical Challenges



- Severely Corroded CW Piping and Flange Connections

Existing Conditions- OR Chillers



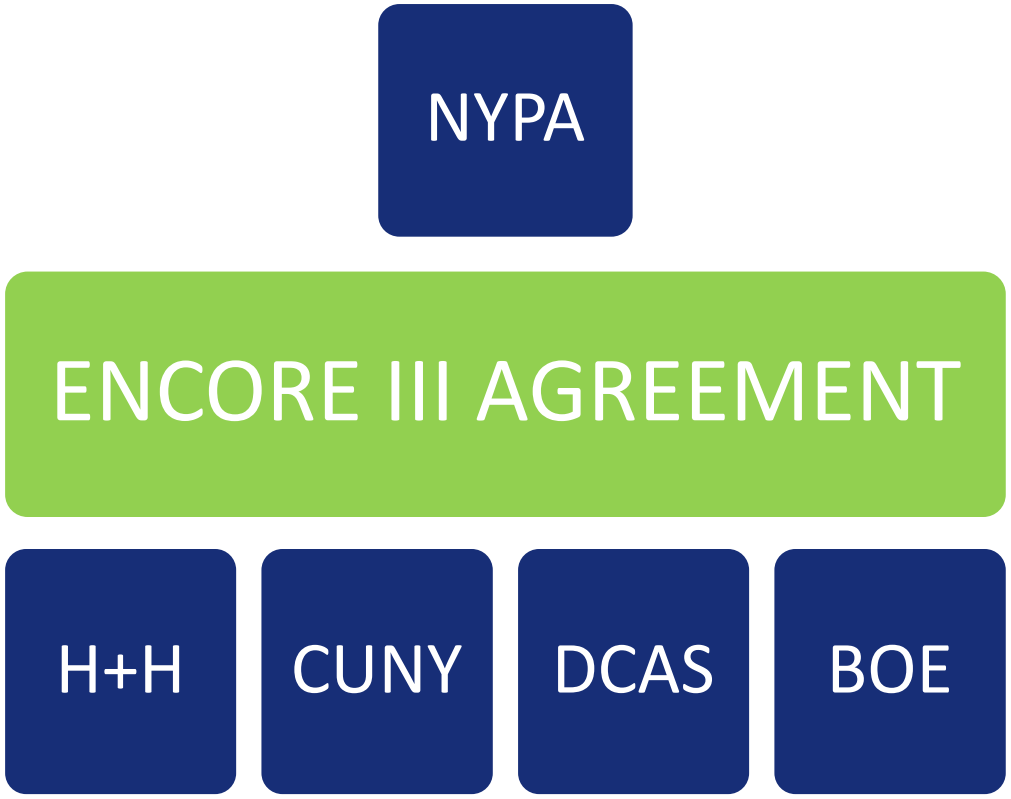


- The OR Winter Chiller units are experiencing significant corrosion, deterioration, and component failures.

Project Benefits & Logistics

- **Project Benefits:**
  - Improve reliability and resiliency of critical HVAC systems to ensure continuity of hospital operations.
  - Improve temperature, humidity, ventilation, filtration and pressurization control to maintain safe and comfortable clinical environments.
  - Enhance BMS integration for improved system monitoring, fault detection, troubleshooting, and operational control.
  - Extend equipment life, reduce deferred maintenance, and support future hospital infrastructure needs.
  - Optimize HVAC performance, improve energy efficiency, and reduce long-term operating costs.
- **Project Logistics:**
  - To minimize potential cooling interruptions during replacement of the 30-inch condenser water piping, along with temporary ventilation disruptions during AHU replacements, we will evaluate installing new piping in parallel with the existing system, temporary bypasses, and prefabricated sections to reduce shutdown durations. Where shutdowns are unavoidable, work will be scheduled during off-peak periods or outside the cooling season, with temporary cooling provided for critical areas as needed. All work will be closely coordinated with Facilities and Hospital Leadership to maintain clinical operations.
- **Project Timeline:**
  - Contract Terms: Three Years (36 Months)
  - Anticipated Contract Start – March 1st , 2027
  - Anticipated Contract Completion – Feb 28th , 2030

Our Relationship with NYPA



- On December 1, 2020, **The ENCORE III** agreement is executed between NYPA and various City entities including H+H to plan, fund, and implement energy efficiency and clean energy projects in City-owned facilities such as schools, hospitals, and municipal buildings.

MWBE Summary

Business Name	Work Provided	Subcontract	Percentage
Celtic Sheet Metal Inc.	Sheetmetal	$3,286,272.00	13.59%
International Asbestos Removal, Inc.	Insulation, Demolition, Abatement	$964,000.00	3.99%
Akcel Systems Inc.	Controls	$835,000.00	3.45%
The Ideal Supply Company of New York	Piping Supply	$1,964,532.00	8.12%
Precision Electrical Contractor Corp.	Electrical	$378,550.00	1.57%
Total			**30.00%**

Project Budget

Bellevue HVAC Upgrade		
Design & Construction	$	26,510,594
10% Contingency	$	2,651,059
Environmental/Waste Disposal Cost	$	480,000
Commissioning Services	$	400,000
NYPA PM, CM and Admin Fees	$	6,457,945
Total	**$**	**36,499,598**

PROJECT FUNDING

- The project is fully funded with the H+H's 2025 Bonds.

Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute a Master Energy Agreement (MEA) Task Order with the New York Power Authority ("NYPA")** for an amount not-to-exceed $36,499,598, inclusive of a 10% construction contingency of $2,651,059, **to perform a comprehensive Heating Ventilation and Air Conditioning (HVAC) system upgrade at NYC Health + Hospitals/Bellevue,** for a duration of 36 months.

NYC HEALTH + HOSPITALS

November 2026

RESOLUTION - 09

Authorizing the New York City Health and Hospitals Corporation (the "System") **to execute a contract with Sweet Group of New York, LLC (the "Contractor"), to undertake the Woodhull OTxHU Main Construction Project at NYC Health + Hospitals/Woodhull**, for a contract amount of $205,358,022, with a 30% project contingency of $61,607,406.60, for a total authorization of $266,965,428.60, for a duration of 22 months.

WHEREAS, NYC Health + Hospitals is establishing Outposted Therapeutic Housing Units (OTxHUs) within acute care facilities to provide secured clinical units operated by Correctional Health Services (CHS) with the New York City Department of Correction providing custody management; and

WHEREAS, the OTxHU facility at NYC Health + Hospitals/Woodhull will provide 144 therapeutic beds upon completion; and

WHEREAS, the construction of the OTxHU at NYC Health + Hospitals/Woodhull is divided into multiple specialized packages to optimize execution and reduce overall construction duration, including decanting, roof replacement, early demolition, curtainwall, elevator tower and Sallyport, and main construction; and

WHEREAS, the Woodhull OTxHU Main Construction Project is necessary to provide a secure OTxHU facility, encompassing the build-out of the 9th and 10th floors, roof level recreation area, emergency power distribution, security doors and hardware, attack-rated walls and ceilings, correctional grade lighting, detention grade HVAC components, indicator lights, duress buttons, card readers, access controls, and Sallyport; and

WHEREAS, in accordance with Operating Procedure 100-5, a solicitation was issued pursuant to which five bids were received and opened on October 15, 2026, and NYC Health + Hospitals determined that the Contractor submitted the lowest responsive and responsible bid; and

WHEREAS, the Contractor has met all legal, business, and technical requirements, has demonstrated excellent performance on active projects with the System, and is qualified to perform the services as required in the contract documents; and

WHEREAS, the overall responsibility for the administration of the proposed contract shall be with the Senior Vice President, Office of Facilities Development.

NOW, THEREFORE, be it RESOLVED, that the New York City Health and Hospitals Corporation (the "System") is hereby authorized to execute a contract with Sweet Group of New York, LLC to undertake the Woodhull OTxHU Main Construction Project at NYC Health + Hospitals/Woodhull, for a contract amount of $205,358,022, with a 30% project contingency of $61,607,406.60, for a total authorization of $266,965,428.60, for a duration of 22 months.

NYC HEALTH + HOSPITALS

November 2026

EXECUTIVE SUMMARY

NYC HEALTH + HOSPITALS / WOODHULL
WOODHULL OTxHU MAIN CONSTRUCTION PROJECT
SWEET GROUP OF NEW YORK, LLC

CONTRACT SCOPE:	Woodhull OTxHU Main Construction Project
NEED:	NYC Health + Hospitals requires general construction services to perform the main fit-out for the OTxHU at Woodhull Hospital (providing 144 therapeutic beds). The scope includes full build-out of the 9th and 10th floors, roof level recreation area, emergency power distribution, attack-rated walls and ceilings, security hardware, detention grade HVAC, and specialized access/duress controls.
CONTRACT DURATION:	22 months.
PROCUREMENT:	A competitive sealed bid was issued on June 26, 2026; seventeen contractors attended pre-bid site visits on July 8 & 9, 2026; five bids were received with the lowest responsible and responsive bidder being Sweet Group of New York, LLC.
PRIOR EXPERIENCE:	Sweet Group of New York, LLC has active projects with NYC Health + Hospitals, including the Woodhull Labor Birthing Suite Renovation and NCB Decant Phase 1, with performance rated 'Excellent'. They have also completed major healthcare/institutional projects including Emblem Health Conference Center, Thor Equities Bio Science Building, and Worcester DCU & UMASS Lowell Alternative Care Sites.
CONTRACT AMOUNT:	$213,458,320.00 with a 30% project contingency of $61,607,406.60, for a total authorization of $266,965,428.60
PASSPORT APPROVAL:	Approved
EEO APPROVAL:	Approved
MWBE STATUS:	Contractor has committed to a 31% MWBE contract goal.

NYC HEALTH + HOSPITALS

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Franco Esposito
Deputy Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Contracts: Sweet Group of New York LLC

Date: October 16, 2026

The below information indicates the vendor's status as to responsibility, EEO and MWBE as provided by the Office of Facilities Development and Supply Chain:

Vendor Responsibility	EEO	MWBE
Approved	Approved	31%

Capital Committee Request to Award Woodhull OTxHU Main Construction Project Contract to Sweet Group of New York, LLC

Board of Directors Meeting
November 19, 2026

Manny Saez, PhD., Sr. Vice President, Office of Facilities Development
Mahendranath Indar, Assistant Vice President, Office Facilities Development
Tim O'Leary, Senior Assistant Vice President, Correctional Health Services
Luis Mendes, Senior Director, Office of Facilities Development

For Board of Directors Consideration

- Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with Sweet Group of New York, LLC (the "Contractor"), to undertake the Woodhull OTxHU Main Construction Project at NYC Health + Hospitals/Woodhull, for a contract amount of $205,358,022, with a 30% project contingency of $61,607,406.60, for a total authorization of $266,965,428.60, for a duration of 22 months.

Current State & Early Works

- Outposted Therapeutic Housing Units (OTxHUs) are beds within NYC Health+ Hospitals (H+H) acute care facilities that will be secured clinical units operated by CHS with New York City Department of Correction providing custody management.

- Outposted at Bellevue opened in April 2026. Facilities at Woodhull and NCB are in design and procurement.

- OTxHU at Woodhull will provide 144 therapeutic beds upon completion

- The Main Construction project is necessary to provide a secure OTxHU facility and secure roof level recreation area.

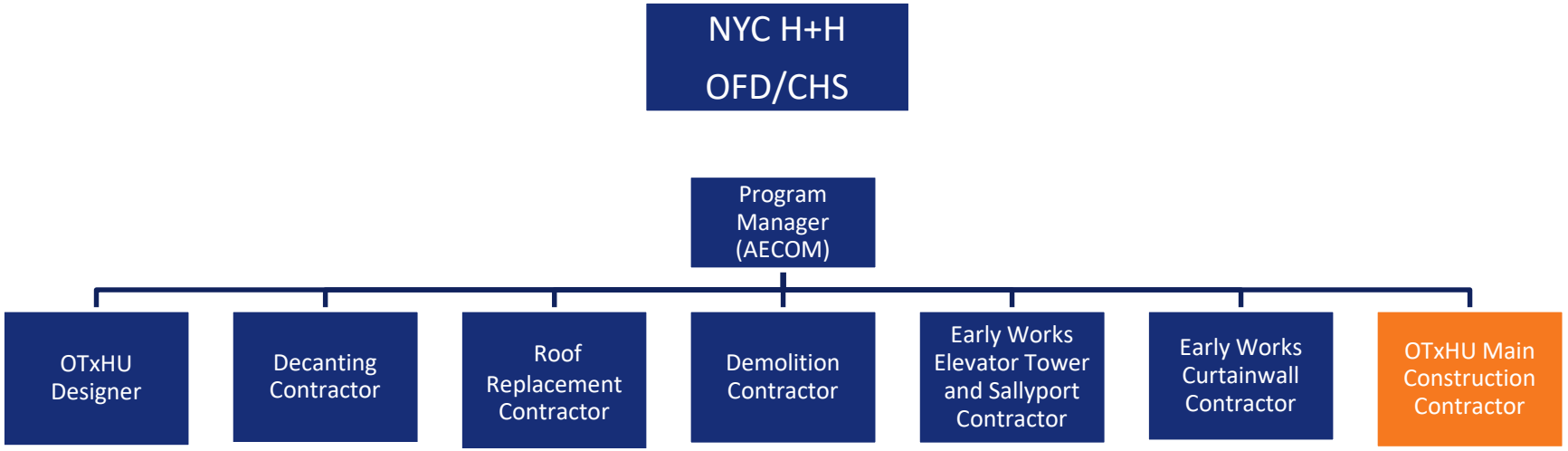
Current State & Early Works

- Construction of the OTxHU at Woodhull divided into several components as part of a construction strategy to reduce the overall construction time.

Project	Vendor	Board Approval	Contract Amount	Contingency	NTE	Project Status
OTxHU Decant Project	JEMCO	Yes	$27,559,902	$3,130,858	$30,690,760	Completed
OTxHU Roof Replacement	Zaman Construction	Yes	$16,096,003	$1,778,981	$17,874,984	Completed
OTxHU - Demo	Northstar	NA				Construction
OTxHU Curtain Wall	CVM Construction Corp.	Yes	$37,875,300	$4,781,295	$36,656,595	Construction
OTxHU Elevator Tower	Prismatic Development Corporation	Yes	$52,913,000	$6,925,563	$59,838,563	Construction
OTxHU Main Construction	Sweetgroup of New York, LLC.	Pending	$205,358,022	$61,607,407	$266,965,429	Contract will be presented to BOD on 11/19/26
TOTAL			**$339,802,227**	**$78,224,104**	**$412,026,331**	

Current State – Woodhull OTxHU

The Woodhull OTxHU Team



Contractor Scope of Services

- The General Contractor will provide the following scope of work:
  - Build out of the OTxHU
    - 9th and 10th floors
    - Roof level recreation area
    - Emergency power distribution
  - Interior scopes include
    - Security doors and door hardware
    - Attack rated walls and ceilings
    - Correctional grade lighting
    - Detention grade HVAC components
    - Indicator lights and duress buttons
    - Card readers and access controls
    - Sallyports

Overview of Procurement

- 6/26/26: Solicitation posted on City Record
- 7/8/26 and 7/9/26: Pre bid walks; 17 vendors attended
- 10/15/26: Bid opening, 5 bids received
- 10/16/26: Evaluation was finalized and Sweet Group of New York, LLC, the lowest responsive, responsible bidder was selected.

Project Budget

- Total anticipated contract value not to exceed an estimated $205,358,022

Description	Amount
Construction Base Contract	$ 205,358,022.00
Construction Contingency (30%)	$ 61,607,406.60
Total Project Budget	$ 266,965,428.60

- The project contingency (30%) is higher than typical because of the complexity of this large, multi-phased project, known changes, and higher than expected unknown conditions when doing construction in an active hospital;

- A higher contingency will allow us to ensure change orders can be processed expeditiously to ensure the vendor can continue working without any impact to the project schedule

- OMB has committed to provide the full funding required for the Woodhull Main OTxHU Construction Project.

MWBE Details & Ratings

- Sweet Group of New York, LLC has submitted an MWBE utilization plan of 31%

MWBE Subcontractor	Scope	% of Subcontract
Touchtel Electric & Datacom	Electrical	19.782%
Creative Form Development	Cold Metal Framing	0.796%
Namron Incorporated	HVAC	9.885%
AMG Demolition Inc	Demolition	0.397%
FCS Group	Painting	0.606%
TOTAL		**31%**

Vendor Performance

- Sweet Group has experience working on OTxHU projects. The vendor is in active design and construction with NYC Health Hospitals/Woodhull and NYC Health + Hospitals/NCB for the following projects :
  - Woodhull - Labor Birthing Suite Renovation – Contract Value : $14,816,993.00
  - NCB Decant Phase 1 – Contract Value : $12,069,614.26
  - NCB Decant Phase 2 – Contract Value: $43,735,841.00
- Vendors performance to date, on the above projects, has been rated excellent.
- Sweet Group provided 3 positive references:
  - Emblem Health Conference Center – Contract Value: $32,000,000
  - Thor Equities Bio Science Building – Contract Value: $25,600,000
  - Worcester DCU & UMASS Lowell Alternative Care Sites – Contract Value: $24,400,000

Board of Directors Approval Request

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